

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000003131

Entity Name: PERDUE FARMS INC.**Current Principal Place of Business:**31149 OLD OCEAN CITY RD.
SALISBURY, MD 21804**Current Mailing Address:**31149 OLD OCEAN CITY RD.
SALISBURY, MD 21804 US**FEI Number:** 52-0888853**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title DIRECTOR
Name KELLY, DEBORAH E.
Address 31149 OLD OCEAN CITY RD.
City-State-Zip: SALISBURY MD 21804

Title DIRECTOR, PRESIDENT
Name PERDUE, JAMES A.
Address 31149 OLD OCEAN CITY RD.
City-State-Zip: SALISBURY MD 21804

Title DIRECTOR
Name SCOTT, EILEEN R.
Address 31149 OLD OCEAN CITY RD.
City-State-Zip: SALISBURY MD 21804

Title DIRECTOR
Name SIMMS, STEVEN E.
Address 31149 OLD OCEAN CITY RD.
City-State-Zip: SALISBURY MD 21804

Title DIRECTOR
Name OLIVIERO, ANNE P.
Address 31149 OLD OCEAN CITY RD.
City-State-Zip: SALISBURY MD 21804

Title DIRECTOR
Name POSA, SERAFINO
Address 31149 OLD OCEAN CITY RD.
City-State-Zip: SALISBURY MD 21804

Title TREASURER
Name GALGANO, BRENDA
Address 31149 OLD OCEAN CITY RD.
City-State-Zip: SALISBURY MD 21804

Title SECRETARY
Name FRERICHs, HERBERT D. JR.
Address 31149 OLD OCEAN CITY RD.
City-State-Zip: SALISBURY MD 21804

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: HERBERT D. FRERICHs JR.**SECRETARY****04/05/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name BURZA, EILEEN F.
Address 31149 OLD OCEAN CITY RD.
City-State-Zip: SALISBURY MD 21804

Title VP
Name MORIN, RICHARD
Address 31149 OLD OCEAN CITY RD.
City-State-Zip: SALISBURY MD 21804