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Feb 23, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J13745

1. Corporation Name
RYMER CHICKEN INC. - PLANT CITY

Principal Place of Business

% EDWARD M. WEBERT
1503 TURKEY CREEK RD
PLANT CITY FL 33566

Mailing Address

% EDWARD M. WEBERT
4600 S. PACKERS AVE
CHICAGO IL 60609

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/12/1986

4. FEI Number
59-2689052

Applied For
Not Applicable

2. Principal Place of Business

21 Edward M Hebert

2a. Mailing Address

26 EDWARD M HEBERT

Suite, Apt. #, etc.

22 4600 S. PACKERS AVE

Suite, Apt. #, etc.

27 4600 S. PACKERS AVE

City & State

23 Chicago IL

City & State

28 Chicago IL

Zip Country

24 60609 25

Zip Country

29 60609 30

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCD
NAME SCHEM, EDWARD P
STREET ADDRESS 4600 S. PACKERS AVE
CITY-ST-ZIP CHICAGO IL 60609 DELETE

TITLE VTD
NAME HEBERT, EDWARD M
STREET ADDRESS 4600 S. PACKERS AVE
CITY-ST-ZIP CHICAGO IL 60609 DELETE

TITLE S
NAME MCNICHOLAS, BARBARA
STREET ADDRESS 4600 S. PACKERS AVE
CITY-ST-ZIP CHICAGO IL 60609 DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

VTDS
HEBERT, EDWARD M
4600 S. PACKERS AVE
CHICAGO IL 60609

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Edward M Hebert
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/99

Date

773-650-0507

Daytime Phone #

CR2E034 (1/98)