

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
Feb 27 1996 8:00 am  
Secretary of State

DOCUMENT # **225619** (6)

1. Corporation Name  
**SUN COAST BEEF AND PROVISION, INC.**

Principal Place of Business: **301 TENTH ST PO BOX 368 PALMETTO FL 34221**  
Mailing Address: **301 TENTH ST PO BOX 368 PALMETTO FL 34221**



2. Principal Place of Business	2a. Mailing Address
21 State: Apt. #, etc.	26 State: Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified <b>07/06/1959</b>	3a. Date of Last Report <b>01/24/1995</b>
4. FEI Number <b>59-0874147</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 198.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>COLE, DAVID 301 10TH ST PALMETTO FL 34221</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83	City		
				84	City	85	Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1502, 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 607.0605, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	STREET ADDRESS	CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
VD	MOORE, VIOLET P	1000 RIVERSIDE DR.	PALMETTO, FL 00000				
PD	COLE, DAVID	220 70TH ST.-N.W.	BRADENTON FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
D	KING, VALEEN	1310 FARGO ST	PORT CHARLOTTE FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
D	DAY, PEGGY M	5531 RAVENWOOD DR	SARASOTA FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
				<input type="checkbox"/> Change <input type="checkbox"/> Addition			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *David G. Cole* **David G. Cole** 2/23/96 941-722-3229  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)