

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H81790

SUPREME MEATS, INC.

									(4)
Principal Place	of Business	Mailing Address				# 1001031 0101 (0101 11011 10011 # 1001031 0101 (0101 10011	i i filit di pri di miri d)811 QIQII WIBII O	IBI: Ala:: (BA:
2026 SOUTH FEDERAL HWY 2026 SOUTH FEDE		% JOHN DELPRETE 2026 SOUTH FEDERAL HWY	HWY			DO NOT W	RITE IN THIS	SPACE	
STUART FL 34994-3918 STUART FL 34994-3918						3. Date Incorporated or Qualife			
						10/21/1985			
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		Apı	plied For
21		26				59-2619070		No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75 A	
22		27						Fee Re	<u> </u>
City & State	e	City & State				 Election Campaign Financing Trust Fund Contribution 	⁹ 🗆	\$5.00 Added to	•
Zip	Country	Zip	Countr	v		8. This corporation owes the c	urrent year int		31663
24	25		10	,		Personal Property Tax.	unen year in		Mo
-	9. Name and Address of Current		<u></u>			10. Name and Address of Nev	v Registered	Agent	ļ
,			81	Name	•				
	PRETE, JOHN		82	Street	t Addres	ss (P.O. Box Number is Not Acce	ptable)		_
2026 SOUTH FEDERAL HWY									
STU	ART FL 33497		83	3					
			84	4 City			FI	85 Zip C	Code
44 Dumunat	to the provisions of Sections 607.0502	and 607 1508 Florida Statutes	the abov	de-name	d como	ration submits this statement for t	ne purpose of	changing its	registered .
) office or n	egistered agent, or both, in the State o m familiar with, and accept the obligati	i Fiorida. Such change was aut	nonzea by	/tne coπ	poration	's board of directors. I hereby acc	cept the appoi	ntment as reg	jistered
SIGNATURE	Signature, typed or printed name of registered agent	AlOTE E	Pagistared Ass	ant piggature	mortined s	when reinstating)	DATE		
12.	Signature, typed or printed name of registered agent		13.	eric eigiracure	1 I I I I I I I I I I I I I I I I I I I	ADDITIONS/CHANGES TO		ID DIRECTO	RS IN 12
TITLE	P	☐ DELETE	1.1 TITLE		T			☐ Change	☐ Addition
NAME	DELPRETE, JOHN		1.2 NAME						
STREET ADDRESS	2 MARGUERITA DR		1.3 STREE	ET ADDRESS	s				
CITY-ST-ZIP	SEWALLS POINT FL		1.4 CITY-	1.4 CITY-ST-ZIP			3449		
TITLE	V DELETE		2.1 TITLE '					☐ Change	Addition
NAME	DEL PRETE, CAROLYN		2.2 NAME						
STREET ADDRESS	2 MARGUERITA DR		2.3 STREI	ET ADDRESS	s		a 100	,	
CITY-ST-ZIP	SEWALLS POINT FL		2. 4 CITY-ST-ZIP		<u> </u>		3499		Addition
TITLE		☐ DELETE	3.1 TITLE					Change	Addition
NAME			3.2 NAME		-				
STREET ADDRESS	·		1	ET ADORESS	s				
CITY-ST-ZIP		☐ DELETE	3.4. CITY	ST-ZIP	-			Change	Addition
TITLE		☐ DETE IE	4.1 TITLE	_					
NAME			4, 2 NAME						
STREET ADDRESS				ET ADDRESS	9				
CITY-ST-ZIP TITLE	<u> </u>	☐ DELETE	4.4 CITY- 5.1 TITLE	SI-ZIP	+			☐ Change	Addition
NAME			5.2 NAME					_ •	_
STREET ADDRESS			5.3 STREE	ET ADDRESS	s				
CITY-ST-ZIP			5.4 CITY-	ST-ŽIP	1				
TITLE		☐ DELETE	6.1 TITLE		\top			☐ Change	☐ Addition

CITY-ST-ZIP 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, of on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90220 013 ***150.00