

**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  
21 State Apt. #, etc.  
22 City & State  
23 Zip  
24 Country  
25 Country

2a. Mailing Address  
26 State Apt. #, etc.  
27 City & State  
28 Zip  
29 Country  
30 Country

3. Date Incorporated or Qualified: **07/06/1959**  
3a. Date of Last Report: **01/24/1995**  
4. FEI Number: **59-0874147**  
Applied For:  Not Applicable  
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 has liability for intangible tax under s. 198.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**COLE, DAVID  
301 10TH ST  
PALMETTO FL 34221**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code **FL**

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

TITLE	VD	<input type="checkbox"/> DELETE
NAME	MOORE, VIOLET P	
STREET ADDRESS	1000 RIVERSIDE DR.	
CITY, STATE, ZIP	PALMETTO, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	COLE, DAVID	
STREET ADDRESS	220 70TH ST.-N.W.	
CITY, STATE, ZIP	BRADENTON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KING, VALEEN	
STREET ADDRESS	1310 FARGO ST	
CITY, STATE, ZIP	PORT CHARLOTTE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DAY, PEGGY M	
STREET ADDRESS	5531 RAVENWOOD DR	
CITY, STATE, ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, STATE, ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	9110 19th Dr NW
24 CITY, STATE, ZIP	Bradenton, FL 34209
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, STATE, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, STATE, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, STATE, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, STATE, ZIP	

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)