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03-01-1999 90005 005 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # 225619
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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2a. Mailing Address
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country

3. Date Incorporated or Qualified
07/06/1959
4. FEI Number
59-0874147
Applied For
Not Applicable
5. Certificate of Status Desired
8. This corporation owes the current year intangible Personal Property Tax.

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
83.
84. City
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
VD MOORE, VIOLET P
PD COLE, DAVID
D KING, VALEEN
D DAY, PEGGY M

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 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, or on an attachment with an address, with all other like empowered.

SIGNATURE: David H Cole
1/28/99
941-222-3229
Date Daytime Phone #

CR2E034 (1/198)