

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **193506** (3)
1. Corporation Name
PENINSULAR MEAT CO., INC.

Principal Place of Business
**4401 N WESTSHORE BLVD
TAMPA FL 33614
US**

Mailing Address
**4401 N WESTSHORE BLVD
TAMPA FL 33614-7632
US**

3. Date Incorporated or Qualified 05/30/1956	3a. Date of Last Report 04/05/1996
4. FEI Number 59-0776873	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent GARDNER, BERNELL D 1002 TARAY DE AVILA TAMPA FL 33613	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARKUS, JACQUELYN G	1.2 NAME	
STREET ADDRESS	4312 BEACHWAY DR W	1.3 STREET ADDRESS	
CITY- ST- ZIP	TAMPA FL	1.4 CITY- ST- ZIP	
TITLE	P	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARDNER, ALMOGENE	2.2 NAME	
STREET ADDRESS	1002 TARAY DE AVILA	2.3 STREET ADDRESS	
CITY- ST- ZIP	TAMPA FL	2.4 CITY- ST- ZIP	
TITLE	CD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARDNER, BERNELL D	3.2 NAME	
STREET ADDRESS	1002 TARAY DE AVILA	3.3 STREET ADDRESS	
CITY- ST- ZIP	TAMPA FL	3.4 CITY- ST- ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICKENS, JEANETTE G	4.2 NAME	
STREET ADDRESS	49 W DEL RAY AVE	4.3 STREET ADDRESS	
CITY- ST- ZIP	ALEXANDRIA VA	4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do 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.

SIGNATURE: Almogene S Gardner (813) 879 2551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **ALMOGENE S GARDNER, President** 04-19-97
Date