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

**FILED PROFIT** Apr 15 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (3)294973 ROYAL AMERICAN PROVISION CO., INC. Principal Place of Business Mailing Address T/A VALS OLE FASHION MEAT MARKET T/A VALS OLE FASHION MEAT MARKET 1736 DREW STREET 1736 DREW STREET DO NOT WRITE IN THIS SPACE **CLEARWATER FL 34615** CLEARWATER FL 34615 3. Date Incorporated or Qualified 07/19/1965 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 59-1098854 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 30 Personal Property Tax due June 30 Yes 29 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name STAHLE, MARK H. 155 OSCEOLA RD. Street Address (P.O. Box Number is Not Acceptable) **BELLAIR FL 33516** 83 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 fegistere office or registered agent, or both, in the State of Fjorida. 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 by obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition Change TITLE 1.1 TITLE STAHLE, MARK H. NAME 1.2 NAME 155 OSCEOLA RD. STREET ADDRESS 1.3 STREET ADDRESS **BELLEAIR FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE **STAHLE, VLASTA** NAME 2.2 NAME 736 ISLAND WAY #903 2.3 STREET ADDRESS STREET ADDRESS **CLEARWATER FL** CITY-ST-ZIP 2.4 CITY - ST-ZIP DELETE Change Addition 3.1 TITLE TITLE **STAHLE, SUZANNE S.** NAME 3.2 NAME 155 OSCEOLA RD. STREET ADDRESS 3.3 STREET ADDRESS **BELLAIR FL** 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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.

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