| FII F | NOW: FILING F | FF AFTFR MAY | / 1ST IS | \$55 | . n | n | EII | ΕD | | |
|---|--|---|--|--------------------------------|----------------------------|-----------------------|---|------------------------------------|---------------------------------|--------|
| PROFIT CORPORATION ANNUAL REPORT | | AND TO SERVICE OF THE PARTY OF | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State | | | | FILED May 01 1998 8:00am | | | |
| 1998 DIVISION OF CORPORA | | | | | | Secretary of State | | | | |
| DOCUI | MENT # 344 | 434 | (6) | | | | | | | |
| • | MEATS INC | | | | | | 1 100100 11/11 01011 01000 H/11 0101 010 | n Albri Biāri Brūst B | ikii eleli ikel | |
| | | | | | | | | | | |
| Principal Place of Business Mailing Address 4794 76TH AVE N 4794 76TH AVE N | | | | | | | | | | |
| PINELLAS PARK FL 33781-3524 PINELLAS PARK FL 34865-3 | | | | | DO NOT WRITE IN THIS SPACE | | | | | |
| US | | | | | | | 3. Date Incorporated or Qualified | | | 7 |
| | | | | | | | 04/11/1969 | | | 1 |
| - | lace of Business | 2a. Mailing A | ddress | | | | 4, FEI Number | | Applied For | - |
| Suite, Apt. | #. etc | 26 Suite, Ap | 1. #, etc. | | | | 59-1259293 | - \$0.75 | Not Applicable Additional | - |
| 22 | | 27 | | | | | 5. Certificate of Status Desired | T | Required | 1 |
| City & Stat | е | City & Sti 28 | City & State | | | | 6, Election Campaign Financing Trust Fund Contribution | | O May Be d to Fees | |
| Zip | Country Zip | | | Country | | | This corporation owes or has paid the Personal Property Tax due June 30. | | ntangible | 1 |
| 24 | 25 25 Name and Address of | 29 Current Registered Age | nt 30 | <u>''</u> | | | 10. Name and Address of New Regist | | | 1 |
| 33 | ller, david D. 09 West Maritana Dr . Petersburg Fl 33708 | | | Ī | B3 | itreet Add | ress (P.O. Box Number is Not Acceptable) | FL 85 Zi | o Code | 4 |
| 11. Pursuant office or agent. La | to the provisions of Sections (registered agent, or both, in the im familiar with, and accept the control of | 607.0502 and 607.1508, Fine State of Florida, Such che obligations of Section (| lorida Statutes, hange was auti 607.0505, Florid | the ab lorized a Statu | ove-na by the ites. | amed cor e corpora | poration submits this statement for the purp tion's board of directors. I hereby accept th | ose of changing e appointment a | its registered as registered | |
| SIGNATURE | Signature, typed or printed name of regi | pleand areas and like I are hearing | (NOTE R | egistered | Agent si | goature ragu | irod when reinstating) | DATE | | |
| 12. | | ERS AND DIRECTORS | | 13. | • | | ADDITIONS/CHANGES TO OFFICER | S AND DIRECTO | | (10/97 |
| TITLE | SD | | DELETE | 1 1 Titi | | | | Change | Addition | 5 |
| NAME | MILLER, LAWRENCE J | | | 1 2 NAME 1.3 STREET ADDRESS | | | | | | R2E034 |
| STREET ADDRESS CITY-ST-ZIP | 4794 76 AVE NO PINELLAS PARK FL | | | | ILLI ADU Y-ST-ZI | | | | | 띯 |
| TITLE | PD | | DELETE | | 21 TITLE | | | Change | Addition | 7.7 |
| NAME | MILLER, DAVID | • | | | 2.2 NAME | | | | | |
| STREET ADDRESS | 4794 75TH AVE. N. | | | | REET ADD | | | | | |
| CFTY - ST - ZIP | PINELLAS PARK FL TD | | DELETE | 2 4 CIT | Y-\$1-Z | IP | | Change | Addition | ┨ |
| NAME | MILLER, KIM | _ | J Deceive | 32 NAI | | | · | | | |
| STREET ADDRESS | 4794 78TH AVENUE M | 1 | | | EET ADD | DRESS | | | | |
| CITY - ST - ZIP | PINELLAS PARK FL | | | | Y-ST-Z | iP . | | | | ┨ |
| TITLE | D DAYTON CHADLES | L | DELETE | 4.1 TITI | | | | Change | Addition | |
| NAME STREET ADDRESS | PAXTON, CHARLES 4794 76TH AVE N | | | 4.2 NA | ME REET ADO | IRESS | | | | |
| CITY-ST-ZIP | PINELLAS PARK FL | | | | Y-ST-ZI | 1 | | | | |
| TITLE | | | DELETE | 5.1 TITI | | | | Change | Addition | 1 |
| NAME | | | | 5.2 NA | | | | | | |
| STREET ADDRESS | | | | | EET ADD | - 1 | | | | |
| CITY-ST-ZIP TITLE | | | DELETE | 5 4 CIT 6 1 TITI | Y-ST-ZI Le | P | | ☐ Change | Addition | 1 |
| | i | - | | | | | | • | | |

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 roceiver 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:

62 NAME

6 3 STREET ADDRESS

64 CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP