

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Monahan
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 346378 (3)
1. Corporation Name
GREAT WESTERN MEATS, INC.



Principal Place of Business

438 WEST KALEY STREET
P.O. BOX 56-8366
ORLANDO FL 32856

Mailing Address

438 WEST KALEY STREET
P.O. BOX 56-8366
ORLANDO FL 32856

3. Date Incorporated or Qualified
05/19/1969

3a. Date of Last Report
06/29/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

4. FET Number
59-1284502

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. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VOORHEES, DONALD D.
636 E. CLUB CIRCLE
LONGWOOD FL 32779

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 607.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent (if not registered agent)

(if OFF) Registered Agent Signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	☐ DELETE
NAME	VOORHEES, DONALD D.	
STREET ADDRESS	636 E. CLUB CIRCLE	
CITY-STATE-ZIP	LONGWOOD FL	
TITLE	P	☐ DELETE
NAME	VOORHEES, GREGORY D.	
STREET ADDRESS	746 RIVERBEND BLVD	
CITY-STATE-ZIP	LONGWOOD FL	
TITLE	STD	☐ DELETE
NAME	VOORHEES, BERTA J.	
STREET ADDRESS	636 E. CLUB CIRCLE	
CITY-STATE-ZIP	LONGWOOD FL	
TITLE	V	☐ DELETE
NAME	HARRIS, RICHARD J.	
STREET ADDRESS	190 CANTERCLUB TRAIL	
CITY-STATE-ZIP	LONGWOOD FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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:

Richard J. Harris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RICHARD J. HARRIS

EXEC. V.P.

1-22-96

Date

(407) 841-4270

Daytime Phone #

CR2E034 (12/95)