

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 25, 2004 8:00 am
Secretary of State

05-25-2004 90002 020 ***150.00

DOCUMENT # 413934

1. Entity Name
INTER CITY MEAT WHOLESALERS, INC.



Principal Place of Business
**1011 N. LIME AVE.
SARASOTA, FL 34237**

Mailing Address
**1011 N. LIME AVE.
SARASOTA, FL 34237**



05172004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1428454

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**WALKER, RUBY J.
1011 N. LIME AVE.
SARASOTA, FL 33577**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WALKER, RUBY J
STREET ADDRESS 6950 WEBER ROAD
CITY-ST-ZIP SARASOTA, FL

TITLE VD
NAME MCGUIGAN, RENE
STREET ADDRESS 6950 WEBER ROAD
CITY-ST-ZIP SARASOTA, FL

TITLE STD
NAME SCHREIBER, KIM
STREET ADDRESS 6950 WEBER ROAD
CITY-ST-ZIP SARASOTA, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ruby J Walker* **RUBY J WALKER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/31/04
Date

941-365 2772
Daytime Phone #