

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 484332 (2)

1. Corporation Name

REDDITT CUSTOM MEATS, INC.



Principal Place of Business

1616 S DEAN RD
ORLANDO FL 32825

Mailing Address

1616 S DEAN RD
ORLANDO FL 32825

3. Date Incorporated or Qualified
08/29/1975

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24

25

Country

29

30

Zip

Country

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

GRAY, J. CHARLES
401 EAST ROBINSON STREET
ORLANDO FL 32802

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD
NAME WOOD, FLORA
STREET ADDRESS 1616 S. DEAN RD.
CITY-ST-ZIP ORLANDO, FL 00000 ☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change: ☐ Addition

TITLE TD
NAME WOOD, WILLA LANE
STREET ADDRESS 738 N DEAN ROAD
CITY-ST-ZIP ORLANDO, FL 0 ☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change: ☐ Addition

TITLE PD
NAME REDDITT, B. WADE
STREET ADDRESS 1616 S. DEAN RD.
CITY-ST-ZIP ORLANDO, FL 0 ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change: ☐ Addition

TITLE D
NAME REDDITT, B. WILLARD
STREET ADDRESS 1616 S. DEAN RD.
CITY-ST-ZIP ORLANDO, FL 0 ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change: ☐ Addition

TITLE VPD
NAME REDDITT, MINDI
STREET ADDRESS 1616 S. DEAN RD.
CITY-ST-ZIP ORLANDO FL ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change: ☐ Addition

TITLE VPD
NAME WOOD, ROBERT D JR.
STREET ADDRESS 1720 MONTEBURG DRIVE
CITY-ST-ZIP ORLANDO FL ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change: ☐ Addition

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:

Flora E. Wood Flora E. Wood

4/23/96 (407) 277-9483

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)