FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 2:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **531812** **(6)**

1. Corporation Name
JIM TORCHIO'S FINER MEATS, INC.

Principal Place of Business	Mailing Address
101 KNOLL WAY JUPITER FL 33477-9630	101 KNOLL WAY JUPITER FL 33477-9630

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/15/1977
3a. Date of Last Report: 04/25/1994

2. Principal Place of Business
21 649 College Park Road
Suite, Apt. #, etc. 22
City & State 23 Port St. Lucie, FL
Zip 24 34953 Country 25 St. Lucie

2a. Mailing Address
26 649 College Park Road
Suite, Apt. #, etc. 27
City & State 28 Port St. Lucie, FL
Zip 29 34953 Country 30 St. Lucie

4. FEI Number: 59-1733168 ☐ 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

TORCHIO, JIM
101 KNOLL WAY
JUPITER FL 33458

10. Name and Address of New Registered Agent

81 Name: Torchio, Jim (no change)
82 Street Address (P.O. Box Number is Not Acceptable): 649 College Park Road
83
84 City: Port St. Lucie FL 85 Zip Code: 34953

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	XX ☐ Change ☐ Addition
NAME	TORCHIO, JAMES	12 NAME	
STREET ADDRESS	~~101 KNOLL WAY~~	13 STREET ADDRESS	649 College Park Road
CITY-ST-ZIP	~~JUPITER FL~~	14 CITY-ST-ZIP	Port St. Lucie, FL 34953
TITLE	D	21 TITLE	XX ☐ Change ☐ Addition
NAME	TORCHIO, MARY	22 NAME	
STREET ADDRESS	~~101 KNOLL WAY~~	23 STREET ADDRESS	649 College Park Road
CITY-ST-ZIP	~~JUPITER FL~~	24 CITY-ST-ZIP	Port St. Lucie, FL 34953
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-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)(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 the 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: James Torchio Pres 4/25/95 407-336-9846
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone Number
James Torchio

027A11 CP