FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **669085** **(3)**

1. Corporation Name
DELOACH'S MEAT MART NO. I, INC.

Principal Place of Business
901 MERCY DRIVE
C/O DANIEL H. DELOACH
ORLANDO FL 32808

Mailing Address
901 MERCY DRIVE
C/O DANIEL H. DELOACH
ORLANDO FL 32808

3. Date Incorporated or Qualified: 04/28/1980
3a. Date of Last Report: 02/21/1995
4. FEI Number: 59-1967374 — 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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. **Name and Address of Current Registered Agent**

DELOACH, DANIEL H.
901 MERCY DRIVE
ORLANDO FL 32808

10. **Name and Address of New Registered Agent**

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 617.1508, 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 ______

12. OFFICERS AND DIRECTORS

Field	Value	
TITLE	PD	☐ DELETE
NAME	DELOACH, DANIEL H	
STREET ADDRESS	901 MERCY DRIVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	ST	☐ DELETE
NAME	DELOACH, SUSAN W	
STREET ADDRESS	901 MERCY DRIVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	S	☐ DELETE
NAME	ERGLE, HOYT L.	
STREET ADDRESS	218 E. NEWELL STREET	
CITY-ST-ZIP	WINTER GARDEN FL	
TITLE	V	☐ DELETE
NAME	DESALVO, RAYMOND J	
STREET ADDRESS	1094 RED DANDEE DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	V	☐ DELETE
NAME	LIDDON, JOE C.	
STREET ADDRESS	3330 CAMBAY AVE.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	V	☐ DELETE
NAME	POWELL, DANIEL	
STREET ADDRESS	826 DRIVER AVE	
CITY-ST-ZIP	WINTER PARK FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

CR2E034 (12/95)

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: Daniel H. DeLoach DANIEL H. DELOACH 1-30-96 (407) 299-5769
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #