

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 19, 1999 8:00 am  
Secretary of State

04-19-1999 90034 030 \*\*\*150.00

DOCUMENT # 669085

1. Corporation Name

DELOACH'S MEAT MART NO. 1, 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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/28/1980

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

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 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

TITLE PD  
NAME DELOACH, DANIEL H.  
STREET ADDRESS 901 MERCY DRIVE  
CITY-ST-ZIP ORLANDO FL

☐ DELETE

TITLE ST  
NAME DELOACH, SUSAN W  
STREET ADDRESS 901 MERCY DRIVE  
CITY-ST-ZIP ORLANDO FL

☐ DELETE

TITLE S  
NAME ERGLE, HOYT L  
STREET ADDRESS 218 E. NEWELL STREET  
CITY-ST-ZIP WINTER GARDEN FL

☐ DELETE

TITLE V  
NAME DESALVO, RAYMOND J  
STREET ADDRESS 1094 RED DANDEE DR  
CITY-ST-ZIP ORLANDO FL

☐ DELETE

TITLE V  
NAME LIDON, JOE C.  
STREET ADDRESS 3330 CMBAY AVE.  
CITY-ST-ZIP ORLANDO FL

☐ DELETE

TITLE V  
NAME POWELL, DANIEL  
STREET ADDRESS 826 DRIVER AVE  
CITY-ST-ZIP WINTER PARK FL

☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

14. 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 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, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4.13.99 X (407) 299-5769

Date

Daytime Phone #

CR2E034 (11/98)