. 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

DOCUMENT # 672619

1. Corporation Name

RAY'S QUALITY MEATS, INC.

FILED
Feb 18, 1999 8:00 am
Secretary of State
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02-18-1999 90129 020 ***150.00



Principal Plac	e of Business	Mailing Address			
444 SEABREEZ	E BLVD	444 SEABREEZE BLVD			
STE 210	SET 210			DO NOT WRITE IN THIS SPACE	
DAYTONA BEAG	CH FL 32118	DAYTONA BEACH FL 32118 US			3. Date Incorporated or Qualifed
US		03			05/27/1980
2 Principal D	face of Business	2a. Mailing Address			4. FEI Number Applied For
21	lage of Business	26			59-2008560 Not Applical
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			\$8.75 Additional
22	27			5. Certifcate of Status Desired Fee Required	
City & Stat	City & State			6. Election Campaign Financing \$5.00 May Be	
23		28	28		Trust Fund Contribution ; Added to Fees
Zip	Country	Zip	Coun	try	8. This corporation owes the current year Intangible
24	25	29	30		Personal Property Tax. Yes No
	9. Name and Address of Curr	ent Registered Agent		201 41	10. Name and Address of New Registered Agent
1400	I LOOFBY D		1	81 Name	ė
	L, JOSEPH D.			82 Street	et Address (P.O. Box Number is Not Acceptable)
1	SEABREEZE BLVD]_	22	
STE			1	83	
UAY	TONA BEACH FL 32118		ļ.	84 City	FL 85 Zip Code
			<u>_</u>		d corporation submits this statement for the purpose of changing its registered
office or a	registered agent, or both, in the Sta am familiar with, and accept the obli	te of Florida. Such change was au	tnorizea	by the corr	rporation's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE. F	Registered A	gent signature	re required when reinstating) DATE
12.	OFFICERS A	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PDT	☐ DELETE	1.1 TITL	E	☐ Change ☐ Add
NAME	ANDERSON, JUNE S.		1.2 NAM	Œ	
STREET ADDRESS	796 JOY STREET		1.3 STR	EET ADDRESS	ss
CITY-ST-ZIP	ORMOND BEACH FL		14 CITY	(-ST-ZIP	
TITLE	SV	☐ DELETE	2.1 TITL	E	☐ Change ☐ Add
NAME	SCOTT, ANGELA A.		2.2 NAM	KE .	· ·
STREET ADDRESS	265 COLUMBUS AVENUE		2.3 STR	EET ADDRESS	SS
CITY-ST-ZIP	DAYTONA BEACH FL		2. 4 CIT	Y-ST-ZIP	
TITLE		☐ DELETÉ	3.1 TITL		☐ Change ☐ Add
NAME			3.2 NAM	Æ	were a grant of the
STREET ADDRESS	i			EET ADDRESS	22
CITY-ST-ZIP		 		Y-ST-ZIP	☐ Change ☐ Ado
TITLE		☐ DELETE	4.1 TITL		☐ Change ☐ Add
NAME			4. 2 NA		
STREET ADDRESS				EET ADDRESS	56
CITY-ST-ZIP		C Delete		r-ST-ZIP	☐ Change ☐ Ado
TITLE			5.1 TITL	.E	, Li Change Li Auc
NAME		☐ DELETE	E O ALAR	AC .	
STREET ADDRESS		C perese	5.2 NAM		se l
CITY-ST-ZIP		C percie	5.3 STR	EET ADDRESS	ss
			5.3 STR	EET ADDRESS	
TITLE		□ DELETE	5.3 STR 5.4 CITY 6.1 TITL	EET ADDRESS Y-ST-ZIP .E	Change Add
TITLE NAME			5.3 STR 5.4 CITY 6.1 TITL 6.2 NAM	REET ADDRESS Y-ST-ZIP .E AE	☐ Change ☐ Ado
			5.3 STR 5.4 CITY 6.1 TITL 6.2 NAM 6.3 STR	EET ADDRESS Y-ST-ZIP .E	☐ Change ☐ Ado

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.