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

TITLE

NAME

STREET ADDRESS

SIGNATURE:

Apr 15 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # 689655 (9) CALLAHAN MEATS, INC. Principal Place of Business Mailing Address 110 FIRST AVENUE 110 FIRST AVENUE P. O. BOX 111 P. O. BOX 111 CALLAHAN FL 32011 CALLAHAN FL 32011 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/30/1980 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 59-2029034 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 26 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SMITH, DWAIN C. 81 3327 LANNIE RD. Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE Ft 32218 83 84 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 it applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. □ DELETE 1.1 TITLE Change SMITH, DWAIN C. NAME 1.2 NAME 3327 LANNIE RD. STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL CITY - ST - ZIP 1.4 CITY-ST-ZIP Change STD DELETE Addition TITLE 2.1 TITLE SMITH, PATRICIA A NAME 2.2 NAME 3327 LANNIE RD STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - 7IP Change DELETE Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST-ZIP

FILED

(10/97

CR2E034

Addition

Change

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 pharmach, or on an attachment with an address. Patricia A. Smith 3/1/98 904-879-1759

61 TITLE

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

DELETE