

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 # 689655

1. Corporation Name

CALLAHAN MEATS, INC.

Principal Place of Business

110 FIRST AVENUE
P. O. BOX 111
CALLAHAN FL 32011

Mailing Address

110 FIRST AVENUE
P. O. BOX 111
CALLAHAN FL 32011

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90225 040 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/30/1980

4. FEI Number

59-2029034

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SMITH, DWAIN C.
3327 LANNIE RD.
JACKSONVILLE FL 32218

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~~ ☐ DELETE

NAME SMITH, DWAIN C.
STREET ADDRESS 3327 LANNIE RD.
CITY-ST-ZIP JACKSONVILLE FL

TITLE STD ☒ DELETE

NAME SMITH, PATRICIA A
STREET ADDRESS 3327 LANNIE RD
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Secretary ☐ Change ☐ Addition

1.2 NAME Smith, Dwain C.
1.3 STREET ADDRESS 3327 LANNIE RD.
1.4 CITY-ST-ZIP JACKSONVILLE, FL

2.1 TITLE PRESIDENT ☐ Change ☐ Addition

2.2 NAME LEROY STRICKLAND
2.3 STREET ADDRESS 12747 SHINNEDOOK WAY
2.4 CITY-ST-ZIP JACKSONVILLE, FL 32205

3.1 TITLE VICE PRESIDENT ☐ Change ☐ Addition

3.2 NAME JOSEPH DAWLING
3.3 STREET ADDRESS 4221 HERON RD.
3.4 CITY-ST-ZIP CALLAHAN, FL 32011

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)