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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

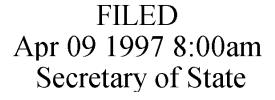
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F08884 MC KAY'S BUTCHER SHOP, INC.

(1)

Principal Place of Business

Mailing Address





C/O MARK A MCKAY 11987 INDIAN ROCKS RD. LARGO FL 34644		C/O MARK A MCKAY 11987 INDIAN ROCKS RD. LARGO FL 33774-3214						
					3. Date Incorporated or Qualified			Report
2. Principal f	Place of Business	2a, Mailing Address 26			4. FEI Number 31-0997565	· • · · · · · · · · · · · · · · · · · ·		pplied For lot Applicable
Suite, Apt	#, etc	Suite, Apt #, etc.			5. Certificate of Status Desired			Additional lequired
City & Stat		City & State		·	Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip 24	Country 25	Zip 29	Gounti 30					
	9. Name and Address of Curre	ent Registered Agent	8	I Name	10. Name and Address of New Re	sistered Age	nt	
MCK	AY, MARK A 17 INDIAN ROCKS RD							
	30 FL		82 Street Addre		lress (P.O. Box Number is Not Acceptab	le)		
			84	1 - 1		FL	1	Code
11. Pursuant office or ragent La	to the provisions of Sections 607.05 registered agent, or both, in the Statum taniliar with land accept the obli	02 and 607.1508, Florida Stati te of Florida Such change was gations of Section 607.0505, F	utes, the about authorized to lorida Statute	ve-named corpora by the corpora	poration submits this statement for the p ition's board of directors. I hereby accep	urpose of chi t the appoint	anging ment as	its registered s registered
SIGNATURE					_			
12.	Signature Type of or printed name of registerop a	gord and title it applicable. (NO ND DIRECTORS	TE: Registered A	gent signatura requi	ired when reinstaling) ADDITIONS/CHANGES TO OFFIC	DATE	DECTO	DC IN 12
TULF	DP OF HOLERS AN	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFIC		Change	Addition
NAME	MCKAY, MARK A		1.2 NAME			_	***************************************	
STHEFT ACCURESS	11987 INDIAN ROCKS RD.		1,3 STRE	T ADDRESS				13
CITY - S1 - ZIF	LARGO, FL 0		1.4 C/TY -	ST-ZIP				13
TITLE	DS	☐ DELETE	2.1 TITLE				Change	Addition
NAME	MCKAY, NANCY		2.2 NAME					,
STREET ADDRESS	11987 INDIAN ROCKS RD.		2.3 STREE	T ADDAESS				1
CITY-ST-7IP	LARGO, FL 00000	0.000	2. 4 CITY	ST-ZIP				
TITLE	DV MCKAY, DONALD H.	DELETE	3.1 TITLE	1		Ш	Change	Addition
NAME STREET ADDRESS (11987 INDIAN ROCKS RD.		3.2 NAME	T ADDRESS				+
CITY-ST-ZiF	LARGO, FL 0		3.4. CITY	· · · · · · · · · · · · · · · · · · ·				ĺ
TITLE		DELETE	4.1 TITLE	31-211			Change	Addition
NAME			4, 2 NAMI	: [`
STREET ADDRESS			4	T ADDRESS				1
CITY - ST - ZIF			4.4 CITY-	ST-ZIP				
TITLE	1,77	DELETE	5.1 TITLE				Change	Addition
NAME			5.2 NAME	1				
STREET ADDRESS			5 3 STREE	T ADDRESS				l
CITY - ST - ZIF	Francisco (18 color) (18 color) (18 color) (18 color) (18 color)		5.4 CITY-	ST-ZIP				
THILE		DELETE	6.1 TITLE	[· · · ·		Change	☐ Addition
NAME			6.2 NAME	- 1				
STREET ADDRESS			63 STREE	T ADDRESS				1
CHY-S1-ZiP			6.4 CITY-	ST-ZIP				

14. Let hereby carlify 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 (I changed, or on an attachment with an address).