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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # F49067

1. Corporation Name  
GEIER'S CHOICE MEATS, INC.

Principal Place of Business: 7447 TAMIAMI TR SARASOTA FL 33581  
Mailing Address: 7447 TAMIAMI TR SARASOTA FL 33581

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/08/1981  
4. FEI Number: 59-2130086  
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 (21-24)  
2a. Mailing Address (25-30)  
22. Suite, Apt. #, etc.  
23. City & State  
24. Zip Country

9. Name and Address of Current Registered Agent  
GEIER, KARLL  
7447 TAMIAMI TR  
SARASOTA FL 33581

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS  
11. TITLE [ ] DELETE  
12. NAME: DS GEIER, GISA  
13. STREET ADDRESS: 7447 S TAMIAMI TRAIL  
14. CITY-ST-ZIP: SARASOTA, FL 00000  
15. TITLE [ ] DELETE  
16. NAME: DP GEIER, KARL  
17. STREET ADDRESS: 7447 S TAMIAMI TRAIL  
18. CITY-ST-ZIP: SARASOTA, FL 00000  
19. TITLE [ ] DELETE  
20. NAME: [ ]  
21. STREET ADDRESS: [ ]  
22. CITY-ST-ZIP: [ ]  
23. TITLE [ ] DELETE  
24. NAME: [ ]  
25. STREET ADDRESS: [ ]  
26. CITY-ST-ZIP: [ ]  
27. TITLE [ ] DELETE  
28. NAME: [ ]  
29. STREET ADDRESS: [ ]  
30. CITY-ST-ZIP: [ ]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
31. 11 TITLE [ ] Change [ ] Addition  
32. 12 NAME  
33. 13 STREET ADDRESS  
34. 14 CITY-ST-ZIP  
35. 2.1 TITLE [ ] Change [ ] Addition  
36. 2.2 NAME  
37. 2.3 STREET ADDRESS  
38. 2.4 CITY-ST-ZIP  
39. 3.1 TITLE [ ] Change [ ] Addition  
40. 3.2 NAME  
41. 3.3 STREET ADDRESS  
42. 3.4 CITY-ST-ZIP  
43. 4.1 TITLE [ ] Change [ ] Addition  
44. 4.2 NAME  
45. 4.3 STREET ADDRESS  
46. 4.4 CITY-ST-ZIP  
47. 5.1 TITLE [ ] Change [ ] Addition  
48. 5.2 NAME  
49. 5.3 STREET ADDRESS  
50. 5.4 CITY-ST-ZIP  
51. 6.1 TITLE [ ] Change [ ] Addition  
52. 6.2 NAME  
53. 6.3 STREET ADDRESS  
54. 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] Date: 2-15-99 Daytime Phone #: 941 758 8982

CR2E034 (1/198)