FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 18 PM 5:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000005495 (7)**

1. Corporation Name
PRIME SIRLOIN, INC.

Principal Place of Business	Mailing Address
P.O. BOX 399 CLAREMONT NC 28610	P.O. BOX 399 CLAREMONT NC 28610

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/02/1993**
3a. Date of Last Report: **07/06/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: **62-1209053** ☐ Applied For ☐ Not Applicable

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 has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VAS	11 TITLE	VP- ACCTG ☑ Change ☐ Addition
NAME	CRAFT, RICHARD G	12 NAME	MATTHEW V. HOLLIFIELD
STREET ADDRESS	WSMP DR.	13 STREET ADDRESS	WSMP DRIVE
CITY ST ZIP	CLAREMONT NC 28610	14 CITY ST ZIP	CLAREMONT NC 28610
TITLE	P	21 TITLE	☐ Change ☐ Addition
NAME	RICHARDSON, JAMES C JR	22 NAME	
STREET ADDRESS	WSMP DR.	23 STREET ADDRESS	
CITY ST ZIP	CLAREMONT NC 28610	24 CITY ST ZIP	
TITLE	CS	31 TITLE	☐ Change ☐ Addition
NAME	HOWARD, RICHARD F	32 NAME	
STREET ADDRESS	WSMP DR.	33 STREET ADDRESS	
CITY ST ZIP	CLAREMONT NC	34 CITY ST ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	SAFRIT, TREY F	42 NAME	
STREET ADDRESS	WSMP DR.	43 STREET ADDRESS	
CITY ST ZIP	CLAREMONT NC 28610	44 CITY ST ZIP	
TITLE	AT	51 TITLE	☐ Change ☐ Addition
NAME	BERRY, JAMES W	52 NAME	
STREET ADDRESS	WSMP DR.	53 STREET ADDRESS	
CITY ST ZIP	CLAREMONT NC 28610	54 CITY ST ZIP	
TITLE	V	61 TITLE	CFO ☑ Change ☐ Addition
NAME	HEFNER, LARRY D.	62 NAME	BOBBY G. HOLMAN
STREET ADDRESS	WSMP DRIVE	63 STREET ADDRESS	WSMP DRIVE
CITY ST ZIP	CLAREMONT NC	64 CITY ST ZIP	CLAREMONT NC 28610

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: MATTHEW V. HOLLIFIELD 4-11-95 (704) 459-5313
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000238 FP