FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

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 / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: **12/02/1993**
3a. Date of Last Report: **04/18/1995**
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 617.1502, 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: 3/26/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPA	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	HOLLIFIELD, MATTHEW		12 NAME		
STREET ADDRESS	WSMP DRIVE		13 STREET ADDRESS		
CITY-ST-ZIP	CLAREMONT NC		14 CITY-ST-ZIP		
TITLE	P	☐ DELETE	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	☐ DELETE	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	☒ DELETE	41 TITLE	VP	☐ Change ☒ Addition
NAME	SAFRIT, TREY F		42 NAME	RONNIE L DIGH	
STREET ADDRESS	WSMP DR.		43 STREET ADDRESS	WSMP DRIVE	
CITY-ST-ZIP	CLAREMONT NC 28610		44 CITY-ST-ZIP	CLAREMONT NC 28610	
TITLE	AT	☐ DELETE	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	CFO	☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	HOLMAN, BOBBY		62 NAME		
STREET ADDRESS	WSMP DRIVE		63 STREET ADDRESS		
CITY-ST-ZIP	CLAREMONT NC		64 CITY-ST-ZIP		

COLLECTED
03/26/96 - 01030 - 015
**200.00

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 3/21/96 704 459 7626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED 96 MAR 26 PM 3:25

CR2E034 (12/95)