

4-27-98 B-5604-C

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FILED
Apr 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

P.O. BOX 399
CLAREMONT NC 28610

Mailing Address

P.O. BOX 399
CLAREMONT NC 28610

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

12/02/1993

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ 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

Signature types for printed name of the person signing this statement

(NOTE: Registered Agent signature required when establishing)

DATE

12. OFFICERS AND DIRECTORS

TITLE VPF ☒ DELETE

NAME HOLLIFIELD, MATTHEW

STREET ADDRESS WSMP DRIVE

CITY-ST-ZIP CLAREMONT NC

TITLE CEO ☐ DELETE

NAME RICHARDSON, JAMES C JR

STREET ADDRESS WSMP DR.

CITY-ST-ZIP CLAREMONT NC

TITLE CS ☐ DELETE

NAME HOWARD, RICHARD F

STREET ADDRESS WSMP DR.

CITY-ST-ZIP CLAREMONT NC

TITLE AT ☒ DELETE

NAME BERRY, JAMES W

STREET ADDRESS WSMP DR.

CITY-ST-ZIP CLAREMONT NC 28610

TITLE CFO ☒ DELETE

NAME HOLMAN, BOBBY

STREET ADDRESS WSMP DRIVE

CITY-ST-ZIP CLAREMONT NC

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE COO ☐ Change ☒ Addition

1.2 NAME DAVID R. CLARK

1.3 STREET ADDRESS WSMP DRIVE

1.4 CITY-ST-ZIP CLAREMONT NC

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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.

James E. Harris 4-17-98 (200) 450-7606

CR2E034 (10/97)