PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # G11965



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90009 050 ***150.00

JIM'S MI	eat market, inc.								
Principal Place	e of Business	Mailing Address] (40(()) 060) HEDI (70(0 10()) 0 -	IIOI OILL GIBII OI	u ni	# 11 B 1 B 1 1 # B 1
123 SOUTH IND	RD.		-						
BELLEAIR BLUFFS FL 33770 BELLEAIR BLUFFS FL 3370									
us us 3377					L-	DO NOT WR		SPACE	
					1	3. Date Incorporated or Qualifed			
		_				12/06/1982			
2. Principal P	ace of Business	2a. Mailing Address			- 4	1, FEI Number		_ 	lied For
21		26				<u>59-2239650</u>			Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					١,	5. Certifcate of Status Desired		\$8.75 A	I
27						 -			`
City & State City & State						5. Election Campaign Financing		\$5.00 h Added to	
23 28 7			Country			Trust Fund Contribution			7 1 6 6 5
Zip	Country	Zip	_ ′	'	1	B. This corporation owes the cur	rent year inti		□No
24	25		30			Personal Property Tax. D. Name and Address of New	Registered .		
	9. Name and Address of Curren	t Registered Agent	81	Name		U. Haille allu Audress Ur Hen	rogistered .	-19 v.ii.	
GREEN, RICHARD D									
1010 DREW STREET				Street /	Address	(P.O. Box Number is Not Accept	able)		1
CLEARWATER FL 34615			83						
	WINAIGHTE OTOTS		03						
			84	City		., ., ., ., ., ., ., ., ., ., ., ., ., .	FL	85 Zip C	ode
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes,				<u> </u>	· · · · · ·			abanaina ita	ragistered
l office.orr	to the provisions of Sections 607,050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was aut	inonzea by	tne corpo	oration's	board of directors. I hereby acce	pt the appoi	ntment as reg	istered
SIGNATURE	Signature, typed or printed name of registered agei	MOTE: E	Registered Age	nt eigngture re	anuired whe	n reinstation)	DATE		——·
42		ID DIRECTORS	13.	- Ggridian -		ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTO	RS IN 12
12.	DPT	☐ DELETE	1.1 TITLE		ſ			Change	☐ Addition
NAME	HAUMSCHILD, HELEN	_	1.2 NAME						
	1014 DALLA TERR DR			T ADDRESS	ļ				
STREET ADDRESS	OLFADMATED EL 00755			1.4 City-ST-ZIP					}
CITY-ST-ZIP	V	☐ DELETE	2.1 TITLE	31-21-				Change	Addition
TITLE	l •	- · · · -	2.2 NAME		!				_
NAME	AND ATTLEMENT COUNTY			T ADDRESS					
STREET ADDRESS]				}
CITY-ST-ZIP	ST. PETERSBURG FL 33707	ELETE	2.4 CITY-	ST-ZIP	 			Change	Addition
TITLE	S CADI IOUN	MILLETE		1			r		
NAME	HAUMSCHILD, CARL JOHN	NE	3.2 NAME	T. 1000-00-					j
STREET ADDRESS	1358 ADMIRAL WOODSON LA	INC		TADDRESS					}
CITY-ST-ZIP	CLEARWATER FL 33755	T DELETE	3.4. CITY-	ST-ZIP	V5			Change	Addition
TITLE	V	☐ DELETE	4.1 TITLE		200	UL JESSE HAUMS	child	_1 0.101/90	
NAME.	HAUMSCHILD, PAUL JESSE		4. 2 NAME	1	PA	2 LOTUS DRIVE	=		-
STREET ADDRESS	1913 GULF BLVD		8	TADDRESS	20	ETY HARBOR FI.	2 4	695	•
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 337		4.4 CITY-5	ST-ZIP	3HF	EIJ MANDON FI		☐ Change	Addition
TITLE		☐ DELETE	5.1 TITLE					☐ Cliaride	□ Motton
NAME			5.2 NAME						
STREET ADDRESS	}		4	T ADDRESS	}				Ì
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP	<u> </u>			C10	- Addition
TITLE		☐ DELĘTE	6.1 TITLE					☐ Change	Addition \
NAME			6.2 NAME		1		• •		
STREET ADDRESS			6.3 STREE	T ADDRESS					}

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: _

Jani. 25, 1999 727-584-8567