

FILE NOW: FILING FEE AFTER MAY 1 IS \$55.00

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Jun 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Modam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H31163**

(9)

1. Corporation Name
THE MEAT BLOCK, INC.

Principal Place of Business
**2475 SANDY POINT ROAD
PALM HARBOR FL 34685**

Mailing Address
**2475 SANDY POINT ROAD
PALM HARBOR FL 34685-1636**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/26/1984	3a. Date of Last Report 11/21/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3292925	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**JEFFERIS, CRAIG B III
5630 CHEYENNE DRIVE
HOLIDAY FL 34690**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEFFERIS, CRAIG B III	1.2 NAME	
STREET ADDRESS	5630 CHEYENNE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLIDAY FL 34690	1.4 CITY-ST-ZIP	
TITLE	VS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEFFERIS, ELAINA	2.2 NAME	
STREET ADDRESS	5630 CHEYENNE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLIDAY FL 34690	2.4 CITY-ST-ZIP	
TITLE	SC	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAYNE, SHEILA	3.2 NAME	Delete Sheila Payne
STREET ADDRESS	4502 GLISSADE DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	3.4 CITY-ST-ZIP	
TITLE	M	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAYNE, JOHN	4.2 NAME	Delete John Payne
STREET ADDRESS	4502 GLISSADE DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	4.4 CITY-ST-ZIP	
TITLE	VS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEFFERIS, ELAINA	5.2 NAME	
STREET ADDRESS	5630 CHEYENNE DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOLIDAY FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:

SIGNATURE

812-786-2828

CR2E034 (9/96)