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 MAY -1 PM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H38894** **(2)**

1. Corporation Name
MAC'S MEAT MARKET,INC.

200001481562
-05/09/95--01128--012
****200.00 ****200.00
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
BOX 899 WINTER HAVEN FL 33882	1277 1ST ST. S WINTER HAVEN FL 33880 US

3. Date Incorporated or Qualified: 01/22/1985
3a. Date of Last Report: 02/08/1994

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) County (25) | Zip (29) County (30)

4. FEI Number: 59-2502148 ☐ 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

CHILTON, CHARLES R.
99 SIXTH STREET, S.W.
WINTER HAVEN FL 33883

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	DAS	11 TITLE	☐ Change ☐ Addition
NAME	CHILTON, CHARLES R.	12 NAME	
STREET ADDRESS	99 SIXTH STREET, S.W.	13 STREET ADDRESS	
CITY ST ZIP	WINTER HAVEN FL	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	SATERBO, STEPHEN	22 NAME	
STREET ADDRESS	302 PROGRESS RD	23 STREET ADDRESS	
CITY ST ZIP	AUBURNDALE FL	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	SATERBO, BRYAN N	32 NAME	
STREET ADDRESS	302 PROGRESS RD	33 STREET ADDRESS	
CITY ST ZIP	AUBURNDALE FL	34 CITY ST ZIP	
TITLE	P	41 TITLE	☐ Change ☐ Addition
NAME	MCCLELLAND, AUDREY M	42 NAME	
STREET ADDRESS	4925 ELAM RD	43 STREET ADDRESS	
CITY ST ZIP	LAKELAND FL	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	T.S. 5/8/95

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: Audrey M. McClelland 4/26/95 299-1444
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — (Daytime Phone)

0314532 CP