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 # **H90297** **(3)**

1. Corporation Name
VILLAGE BUTCHER SHOP, INC.

Principal Place of Business
5139 GALL BLVD.
ZEPHRYHILLS FL 33541-4963

Mailing Address
5139 GALL BLVD.
ZEPHRYHILLS FL 33541-4963

3. Date Incorporated or Qualified: 12/17/1985
3a. Date of Last Report: 01/19/1995
4. FEI Number: 59-2945438 — 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

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

9. Name and Address of Current Registered Agent
FITOS, JEFFREY J.
ONE E. SILVER SPRINGS BLVD.
OCALA FL 32670

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 applicable) DATE

12. OFFICERS AND DIRECTORS

TITLE	T	☑ DELETE
NAME	~~VENTURA, DONALD K.~~	
STREET ADDRESS	~~38010 SALEM AVE.~~	
CITY-ST-ZIP	~~ZEPHRYHILLS FL~~	
TITLE	P	☑ DELETE
NAME	~~JOHNSON, RICHARD~~ ~~VENTURA~~	
STREET ADDRESS	~~6222 9TH ST.~~	
CITY-ST-ZIP	~~ZEPHRYHILLS FL~~	
TITLE	PRES.	☐ DELETE
NAME	VENTURA DONALD K	
STREET ADDRESS	38010 SALEM AVE	
CITY-ST-ZIP	ZEPHYRHILLS FLA.	
TITLE	TREAS.	☐ DELETE
NAME	VENTURA VALERIE A	
STREET ADDRESS	38010 SALEM AVE	
CITY-ST-ZIP	ZEPHYRHILLS FLA.	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
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 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)(k), 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: Donald K Ventura 4/8/96 Pres. — 1-813 7832771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
4-8-96

CR2E034 (12/95)