

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J24567** (6)

1. Corporation Name
KANSAS MEATS, INC.

Principal Place of Business

**524 S DUNCAN DR.
TAVARES FL 32778**

Mailing Address

**524 S DUNCAN DR.
TAVARES FL 32778**

APPROVED
AND
FILED

95 MAY -1 AM 7:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/17/1986		3a. Date of Last Report 05/01/1994	
4. FEI Number 59-2675220		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	
9. This corporation has liability for intangible tax under S. 190.022, Florida Statutes ☐ Yes ☐ No			

2. Principal Place of Business		2a. Mailing Address	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.	
22. City & State		27. City & State	
23. Zip		28. Zip	
24. County		29. County	
30. Name and Address of Current Registered Agent HAMILTON, ROGER 15321 SANTA FE TRAIL EUSTIS FL 32726		31. Name ROGER HAMILTON	
		32. Street Address (P.O. Box Number is Not Acceptable) 18 LONESOME PINE	
		33. City, State, Zip YALAHUA, FL 34797	
		34. City FL	
		35. Zip Code 34797	

11. Pursuant to the provisions of Sections 607.01(2) and 607.1508, Florida Statutes, this 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 this appointment as registered agent. I am familiar with and accept the obligations of Section 607.01(2) Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME HAMILTON, ROGER	TITLE PD	NAME ROGER HAMILTON
STREET ADDRESS 7331 LAKE DRIVE		STREET ADDRESS 18 LONESOME PINE	
CITY, ST, ZIP SANFORD FL		CITY, ST, ZIP YALAHUA, FL 34797	
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		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)(b), Florida Statutes. Further, I 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. I am an officer or shareholder 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, changed, or on an attachment with an address.

SIGNATURE:

Debbie Hamilton
SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/95 901-343-7222
Date Telephone