

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
• 1996



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

DOCUMENT # J24567 (6)
1. Corporation Name

KANSAS MEATS, INC.



Principal Place of Business Mailing Address
524 S DUNCAN DR. 524 S DUNCAN DR.
TAVARES FL 32778 TAVARES FL 32778

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 Country 30 Country
24 25 29

3. Date Incorporated or Qualified 07/17/1986 3a. Date of Last Report 05/01/1995
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
HAMILTON, ROGER
15321 SANTA FE TRAIL
EUSTIS FL 32726

10. Name and Address of New Registered Agent
81 Name HAMILTON, ROGER
82 Street Address (P.O. Box Number is Not Acceptable) 320 DOUGLAS DR.
83
84 City EUSTIS FL 85 Zip Code 32726

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 *Roger Hamilton* (Type or print name of registered agent and firm, if applicable) (Date: Registered Agent's signature required when terminating) 6/1/96

12. OFFICERS AND DIRECTORS
TITLE PD
NAME HAMILTON, ROGER
STREET ADDRESS 18 LONESOME PINE
CITY-ST-ZIP YALAH FL
TITLE S
NAME HAMILTON, DEBBIE
STREET ADDRESS 18 LONESOME PINE
CITY-ST-ZIP YALAH FL
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE PD
1.2 NAME HAMILTON, ROGER
1.3 STREET ADDRESS 320 DOUGLAS DR.
1.4 CITY-ST-ZIP EUSTIS, FL 32726
2.1 TITLE S
2.2 NAME HAMILTON, DEBBIE
2.3 STREET ADDRESS 320 DOUGLAS DR.
2.4 CITY-ST-ZIP EUSTIS, FL 32726
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Debbie Hamilton* 6/1/96 352-343-7222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (3/96)