## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K50163

50163 (0)

Mailing Address

YE OLDE BUTCHER SHOPPE, INC.

FILED Apr 18 1997 8:00am Secretary of State

Daytime Phone #



Part	% DONALD A. GAULA 4029 MARINER BLVD SUITE 1 SPRING HILL FL 34609			% Donald A. Gaula 4029 Mariner Blvd Suite 1 Spring Hill Fl 34609-2467									
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Survivage   Surv		Place of Business		Mailing Address					**				plied For
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Zip		e		City & State				Į	6. Election Campaign Fina	ancing	P		
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GAULA, DONALD A. 4029 MARINER BLVD. SUITE 1 SPRING HILL FL 34809  80  81  82  Street Address (P.O. Box Number is Not Acceptable)  83  84  City FL  85  City FL  8	24					_							
SUTION AND ARRIVER BLVD. SUITE 1 SPRING HILL FL 34609  84 City FL 85 ZP Code 67 City Frequent 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 registration with, and accept the obligations of, Section 607 0502, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registration with an accept the obligations of, Section 607 0502, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registration with an accept the obligations of, Section 607 0502, Florida Statutes, the above named of directors. I hereby accept the appointment dis registration of the corporation's board of directors. I hereby accept the appointment dis registration of the corporation's board of directors. I hereby accept the appointment dis registration of the corporation's board of directors. I hereby accept the appointment dis registration of the provision of the appointment distributed by the corporation's board of directors. I hereby accept the appointment distributed by the corporation's board of directors. I hereby accept the appointment distributed by the corporation's board of directors. I hereby accept the appointment distributed by the corporation's board of directors. I hereby accept the appointment distributed by the corporation's board of directors. I hereby accept the appointment distributed by the corporation's board of directors. I hereby accept the appointment distributed by the corporation's board of directors. I hereby accept the appointment distributed by the corporation's board of directors. I hereby accept the appointment distributed by the corporation's board of directors. I hereby accept the appointment distributed by the corporation's board of directors. I hereby accept the appointment distributed by the corporation's board of directors. I hereby accept the appointment distributed by the corporation's board of directors. I her			Ol Collett Hogis	TOTO Agent		81	Name		IU, Marile ario Addiese o	110011110	Bierol en s	19011	
SUITE 1 SPRING HILL FL 34609  11. Pursuant to the provisions of Sections 607 0500 and 607 1508. Florada Statutes, the above-named corporation submits this statement for the purpose of changing its region of fixe or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registing agent, and brightness of, Section 607 5050, Florada Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1 In the State of Florida Such Registered Agent signatural required when rendating)  DATE  12. OFFICERS AND DIRECTORS IN 1.1 In the Submit of provisional agent and their appointment as registing agent and their agent agent agent and their agent ag					l		, yarna						
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12.	SIGNATURE	Signature, typed or primed name of i	rea stered agent and title	if applicable. (NO	OTE: Registered	d Aoe	nt signatu	re required y	when reinstating)		DATE		
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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 or 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.	informatic Lam an o	on indicated on this annual officer or director of the core	report or suppleme coration or the rece	ental annual report is eiver or trustee empo	i true and a swered to e	<b>acçu</b>	urate an	nd that my	y signature shall have the s	same lega	l effect as	s if made un	ider oath; that