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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

| AINI   | Secretary of S<br>DIVISION OF CORP                        |   |                                    |  | S                                      |                 |  |   |                         |                                    |
|--|---|---|------------------------------------|--|--|-----------------|--|---|-------------------------|------------------------------------|
| DOCU<br>1. Corporati                               | JMENT #   | L26435  | (2)                                |  |  | ···             |  |   |                         |                                    |
| THE  | MEAT BOX, INC.  |   |                                    |  |  |                 |  |   |                         |                                    |
|  |   |   |                                    |  |  |                 |  | i a a a a a a a a a a a a a a a a a a a |                         |                                    |
| Principal Plac                                     | ce of Business  | Ma  | iling Address                      | ···  |  |                 |  |   |                         | DH CHAN DIGHT TO A                 |
| %RON CO  |   |   | C/O RON COUTCHE                    | R  |  |                 |  |   |                         |                                    |
| 2827 NW F<br>OCALA FL                              |   |   | 1827 NW PINE AVE<br>DCALA FL 34475 |  |  |                 |  |   |                         |                                    |
| US   |   |   | IS                                 |  |  |                 | 3. Date Incorporated or Qualified  | 3a. Date                                |                         |                                    |
| 2. Principal F                                     | Place of Business   | 2a.   | Mailing Address                    |  |  |                 | 10/27/1989<br>4. FEI Number  | 0                                       | 3/09/1                  |                                    |
| 21   |   | 26  |                                    |  |  |                 | 59-2992219   |   |                         | Applied For<br>Not Applicable      |
| Suite, Apt   | i. #, etc.  | <del></del>   | Suite, Apt. #, etc.                |  |  |                 | 5. Certificate of Status Desired   |   | \$8.7                   | 5 Additional                       |
| City & Sta   | ite   | 27  | City & State                       |  |  |                 |  |   |                         | Required                           |
| 23   |   | 28  | ony a charc                        |  |  |                 | Election Campaign Financing     Trust Fund Contribution                            |   |                         | 00 May Be                          |
| Zip<br>☑   | Coun  | ·   | Ζ <sub>I</sub> p                   | Cou  | intry                                  |                 | 8. This corporation has liability for  | intangible ta                           | x under s               | ed to Fees<br>199,032.             |
| 24   | 9. Name and Addr  | 29 ress of Current Registe                                  | red Agent                          | 30   |  |                 | Florida Statutes Yes   | ; □No                                   |                         |                                    |
|  |   |   | noo Agem                           |  | 81 N                                   | ame             | 10. Name and Address of New I  | Registered A                            | gent                    |                                    |
|  | CHER, RON   |   |                                    |  | <b>82</b> Si                           |                 | ess (P.O. Box Number is Not Acceptal   |   |                         |                                    |
|  | W PINE AVE  |   |                                    |  | 02 3                                   |                 | ess (F.O. box number is not acceptat   | ole)                                    |                         |                                    |
| OCALA  | NFL 32670   |   |                                    |  | 83                                     |                 |  |   |                         |                                    |
|  |   |   |                                    | ļ  | <b>84</b> C                            | ty              | · · · · · · · · · · · · · · · · · · ·  |   | 85 Z                    | ip Code                            |
| 11. Pursuant                                       | to the provisions of Seci                                 | tions 607.0502 and 607.                                     | 1508. Florida Statute              | s the abo  | Ve-nam                                 | ad corpore      | ation submits this statement for the pure  | <u> </u>                                | 1 1                     | `                                  |
| or registe<br>familiar w                           | ered agent, or both, in the<br>rith, and accept the oblig | e State of Florida. Such o<br>ations of, Section 607.0      | change was authorize               | ed by the o  | orporat                                | ion's board     | ation submits this statement for the pu<br>d of directors. I hereby accept the app | rpose of char<br>ointment as r          | nging its<br>registered | registered office<br>d agent. I am |
| SIGNATURE  |   |   |                                    |  |  |                 |  |   |                         |                                    |
| 12.  |   | of registered agont and tills if app<br>OFFICERS AND DIRECT | V                                  |  | Agent sign                             | ature required  | when reinstaling)  | DATE                                    |                         |                                    |
| TITLE  | P   | OFFICEAS AND DIRECT   | DELETE                             | 13.  | TI F                                   | <del>- , </del> | ADDITIONS/CHANGES TO OFF   |   |                         |                                    |
| NAME   | COUTCHER, RO  |   |                                    | 1.2 NA   |  |                 |  |   | Change                  | Addition                           |
| STREET ADDRESS                                     | 2827 NW PINE A  | \VE   |                                    |  | REET ADDE                              | ESS             |  |   |                         |                                    |
| CITY-ST-ZIP  | OCALA FL  |   |                                    | 1.4 C/T  | Y-ST-ZIP                               |                 |  |   |                         |                                    |
| TITLE  | V COLITOLIED WAT  | ri ii <i></i> 1   | ☐ DELETE                           | 2. 1 717   | LE                                     |                 |  |   | Change                  | Addition                           |
| name<br>Staeet address                             | COUTCHER, KAT<br>2827 NW PINE A                           | IHLEEN  |                                    | 2.2 NA   | ME                                     | 1               |  |   |                         |                                    |
| CITY - ST - ZIP                                    | OCALA FL  | NE.   |                                    |  | REET ADDR                              | ESS             |  |   |                         |                                    |
| IITLE  | T   |   | ☐ DELETE                           | 3 1 TiT  | Y- \$1-ZIP                             | -               |  |   |                         |                                    |
| NAME   | WOOD, MARK  |   | bud                                | 3.2 NAA  |  |                 |  |   | Uhange                  | Addition                           |
| STREET ADDRESS                                     | 2901 SW 41ST S  | ST.   |                                    |  | reet addi                              | ESS             |  |   |                         |                                    |
| CITY-ST-ZIP  | OCALA FL  |   |                                    |  | Y-ST-ZIP                               |                 |  |   |                         |                                    |
| TOLE   | S<br>WOOD MEANINE   |   | ☐ DELETE                           | 4 1 TH   | LE                                     |                 |  |   | Change                  | ☐ Addition                         |
| NAME   | WOOD, JENNIFE   |   |                                    | 4.2 NAN  | Æ                                      |                 |  |   |                         | _                                  |
| STREET ADDRESS<br>CITY-ST-ZIP                      | 2901 SW 41ST S  | )],   |                                    | 4.3 STR  | EET ADDR                               | SS              |  |   |                         |                                    |
| 7111 - Q1 - ZIF                                    | I OCALA FI  |   |                                    |  |  |                 |  |   |                         |                                    |
| ITLE   | OCALA FL  | <u> </u>  | □ DELETE                           |  | -ST-ZIP                                | _               |  |   | 0.                      | <u> </u>                           |
|  | OCALA FL  |   | DELETE                             | 5 1 TH   | .E                                     |                 |  |   | Change                  | Addition                           |
| IAME   | OCALA FL  |   | ☐ DELETE                           | 5 1 TITI<br>5.2 NAM  | .E                                     | ss              |  |   | Change                  | Addition                           |
| IAME<br>TREET ADDRESS<br>ITY-ST-ZIP                | OCALA FL  |   | ☐ DELETE                           | 5.1 TH<br>5.2 NAM<br>5.3 STR                                     | LE<br>1E                               | SS .            |  |   | Change                  | Addition                           |
| ITLE<br>IAME<br>TREE1 ADDRESS<br>ITY-ST-ZIP<br>ULE | OCALA FL  |   | □ DELETE                           | 5.1 TH<br>5.2 NAM<br>5.3 STR                                     | LE<br>ME<br>EET ADDRE<br>'-ST-ZIP      | ss              |  |   | Change<br>Change        | Addition Addition                  |
| iame<br>Trefi address<br>ITY-ST-ZIP<br>IILE<br>Ame | OCALA FL  |   |                                    | 5 1 TH<br>5.2 NAM<br>5.3 STRI<br>5.4 CITY                        | LE<br>ME<br>EET ADDRE<br>'-ST-ZIP<br>E | SS .            |  |   |                         |                                    |
| AME<br>TREET ADDRESS<br>ITY-ST-ZIP<br>ITLE         | OCALA FL  |   |                                    | 5 1 THE<br>5.2 NAM<br>5.3 STRI<br>5.4 CITY<br>6 1 THE<br>6.2 NAM | LE<br>ME<br>EET ADDRE<br>'-ST-ZIP<br>E |                 |  |   |                         |                                    |

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). Fiorida 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:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dets

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