

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

FILED

Apr 28 1997 8:00am  
Secretary of State

|  |   |  |
|--|---|--|
| <b>PROFIT CORPORATION ANNUAL REPORT 1997</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # **P94000016016 (5)**

1. Corporation Name

**COLORADO CHOICE MEAT CO., #5, INC.**

Principal Place of Business

**2055 SILBER  
UNIT 106  
HOUSTON TX 77055  
US**

Mailing Address

**1025 S. SEMORAN BOULEVARD  
SUITE 1075  
WINTER PARK FL 32782-5511**



2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Incorporated or Qualified

**02/25/1994**

3a. Date of Last Report

**05/01/1996**

4. FEI Number

**59-3227552**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$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

10. Name and Address of New Registered Agent

**RAULERSON, JAMES L  
1025 S.S EMORAN BLVD  
SUITE 1075  
WINTER PARK FL 32792**

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 of person or person's name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**JAMES L. RAULERSON, JR.**

**4/21/97**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                 |   |                                 |
|-----------------|---|---------------------------------|
| TITLE           | <b>PVTS</b>                             | <input type="checkbox"/> DELETE |
| NAME            | <b>RAULERSON, JAMES L JR.</b>           |                                 |
| STREET ADDRESS  | <b>1025 S. SEMORAN BLVD., STE. 1075</b> |                                 |
| CITY - ST - ZIP | <b>WINTER PARK FL</b>                   |                                 |
| TITLE           |   | <input type="checkbox"/> DELETE |
| NAME            |   |                                 |
| STREET ADDRESS  |   |                                 |
| CITY - ST - ZIP |   |                                 |
| TITLE           |   | <input type="checkbox"/> DELETE |
| NAME            |   |                                 |
| STREET ADDRESS  |   |                                 |
| CITY - ST - ZIP |   |                                 |
| TITLE           |   | <input type="checkbox"/> DELETE |
| NAME            |   |                                 |
| STREET ADDRESS  |   |                                 |
| CITY - ST - ZIP |   |                                 |
| TITLE           |   | <input type="checkbox"/> DELETE |
| NAME            |   |                                 |
| STREET ADDRESS  |   |                                 |
| CITY - ST - ZIP |   |                                 |

|                     |   |
|---------------------|---|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |   |
| 1.3 STREET ADDRESS  |   |
| 1.4 CITY - ST - ZIP |   |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |   |
| 2.3 STREET ADDRESS  |   |
| 2.4 CITY - ST - ZIP |   |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |   |
| 3.3 STREET ADDRESS  |   |
| 3.4 CITY - ST - ZIP |   |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            |   |
| 4.3 STREET ADDRESS  |   |
| 4.4 CITY - ST - ZIP |   |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            |   |
| 5.3 STREET ADDRESS  |   |
| 5.4 CITY - ST - ZIP |   |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> 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 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 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:

**JAMES L. RAULERSON, JR.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/21/97 407-679-3188**

CR2E034 (9/96)