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PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P9400065566** (9)

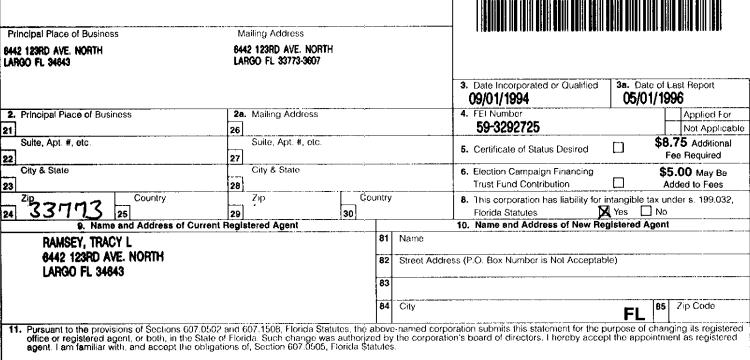
SHORELINE MEATS, INC.

Principal	Place of	Business

CITY-ST-ZIP

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FILED
May 02 1997 8:00am
Secretary of State



SIGNATURE Signature, typed or pointed name of registered agent and litle if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Addition DELETE Change TITLE 1,1 11TLE RAMSEY, TRACY L NAME 1.2 NAME **6442 123RD AVE. NORTH** STREET ADDRESS 1,3 STREET ADDRESS 33773 LARGO FL 34643 CITY-ST-ZIP 1,4 CITY - ST (ZIP) DELETE Change Addition TITLE 21 TITLE NAME 2:2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2, 4 CITY - S1 - 7IP CITY-ST-ZIP DELETE Change ■ Addition 31 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3 4. CHY-ST-ZIP DELETE Addition TITLE 4.1 TITLE Change NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CHY-S1-7IP Addition DELETE. Change 5.1 TITLE TITLE NAME 5,2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5,4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change ☐ Addition TITLE 617ITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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.

Donath Day 10

CALA

6.4 CITY - ST- ZIP