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

PROFIT **CORPORATION ANNUAL REPORT** 1998



FLORIDA DEPARIMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

P94000065566 (9)

FILED May 01 1998 8:00am Secretary of State

	LINE MEATS, INC.					
Principal Place	e of Business	Mailing Address				T (48)(88) (1)9 (9)() 6)(1) 6)(1) 60)() 60)() 60)() 60)() 60)() 60)() 60)() 60)() 60)() 60)() 60)()
6442 123RD / LARGO FL 33		6442 123RD AVE. NORTH LARGO FL 34643	6442 123RD AVE. NORTH			
US DANGE TE STATE						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
						09/01/1994
2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For
21 26 Sulte, Apt. #, etc. Suite, Apt. #, etc.						59-3292725 Not Applicable
22	", 6 10.	27 Suite, Apr. #, 9tc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State	•	City & State	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	· · · · · · · · · · · · · · · · · · ·		Cour	ntry		8. This corporation owes or has paid the current year Intangible
24	25	29 33773	30			Personal Property Tax due June 30. Yes No
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent
RAI	M SE Y, TRACY L		ľ	81	Name	
6442 123RD AVE. NORTH			į.	82	Street Addre	ess (P.O. Box Number is Not Acceptable)
LARGO FL 34643				83		
			L	\perp		
			ľ	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, typed or printed name of registered agent and talle if applicable. (NOTE: Registered Agent signature required when reinstating) DATE OATE						
12,		ND DIRECTORS	13.	Agei	it signature require	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TrT	LE		Change Addition
NAME	RAMSEY, TRACY L		1.2 NAI	ME		
STREET ADDRESS			1.3 STREET ADDRESS		ADDRESS	
CITY-ST-ZIP	LARGO FL		1.4 CITY-S1 - ZIP		- ZIP	
TITLE	DELETE 2.11		2.1 111	LE		☐ Change ☐ Addition
NAME (2.2 NAME			
STREET ADDRESS			2 3 STREE1 ADDRESS		ADDRESS	·
CITY-ST-ZIP				2.4 CITY-ST-ZIP		
TITLE	DELETE 3.		3.1 TIT			☐ Change ☐ Addition
NAME			3.2 NAI			
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP TITLE				3.4. CITY-ST-ZIP 4.1 TITLE		☐ Change ☐ Addition
i		o	4. 2 NA			Change D Addition
NAME STREET ADDRESS					ADDRESS	
CITY-ST-ZIP			4.4 CIT			
TITLE		DELETE	5.1 TITI			☐ Change ☐ Addition
NAME	•		5.2 NAI	ME	}	
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP			5.4 CIT			
TITLE			6.1 TITI		☐ Change ☐ Addition	
NAME			6.2 NA	ME		
STREET ADDRESS			6.3 STA	REET #	ADDRESS	
CITY-ST-ZIP			6.4 CIT			
indicated	on t his annual report or supplemen	ital annual report is true and acci	urate and	l tha	t my signature	Section 119.07(3)(i), Florida Statutes. I further certify that the information e 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 il changed, or on an attaching at with an address.						