

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000002739 (7)

1. Corporation Name

COASTAL MEAT BROKERS, INC.



Principal Place of Business

121 OSCEOLA AVE. N. STE. 210
CLEARWATER FL 34615

Mailing Address

121 OSCEOLA AVE. N. STE. 210
CLEARWATER FL 34615

3. Date Incorporated or Qualified
01/11/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 1100 Cleveland St.

26 P. O. Box 1147

4. FEI Number

59-3285330

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 1404

27

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

23 Clearwater, FL

28 Clearwater, FL

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 34615

25 Pinellas

29 34617

30 Pinellas

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

ANDERSON, S. LEE
121 OSCEOLA AVE. N., STE. 210
CLEARWATER FL 34615

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
1100 Cleveland St. Ste 1404

83

84 City

Clearwater

FL

85 Zip Code

34615

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME ANDERSON, KENNETH R
STREET ADDRESS 1623 DALE CIRCLE S.
CITY- ST- ZIP DUNEDIN FL 34698

TITLE D ☐ DELETE

NAME ANDERSON, S. LEE
STREET ADDRESS 1623 DALE CIRCLE S.
CITY- ST- ZIP DUNEDIN FL 34698

TITLE V ☐ DELETE

NAME LEFEVRE, JOHN J
STREET ADDRESS 3186 CLAREMONT PL.
CITY- ST- ZIP PALM HARBOR FL 34683

TITLE ST ☐ DELETE

NAME GALAR, CYNTHIA M
STREET ADDRESS 12900 131ST STREET N., STE. E203
CITY- ST- ZIP LARGO FL 34644

TITLE D ☐ DELETE

NAME COSTELLO, EDWARD
STREET ADDRESS 12900 131ST STREET N., STE. E203
CITY- ST- ZIP LARGO FL 34644

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Kenneth R. Anderson*, Kenneth R. Anderson, Pres. 4-18-96 813-443-2530

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)