

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

FILED

May 06 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Northcutt</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P 96 0000 34952  
1. Corporation Name  
**Kirkland's Custom Meats & Slaughter, Inc.**

Principal Place of Business Mailing Address  
**1101 Bulls Bay Hwy**  
**JAX, FL 32220** **Same**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21. State, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number	Applied For
22. [REDACTED]	27. City & State	5. Certificate of Status Desired	Not Applicable
23. <b>JAX, FL</b>	28. Zip	6. Election Campaign Financing	<b>\$8.75 Additional Fee Required</b>
24. <b>32220</b>	29. Country	Trust Fund Contribution	<b>\$5.00 May Be Added to Fees</b>
25. <b>DUVAL</b>	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
<b>Evelyn Kirkland</b>	81. Name
<b>8457 Rockland Dr</b>	82. Street Address (P.O. Box Number is Not Acceptable)
<b>JAX, FL 32221</b>	83. [REDACTED]
	84. City
	<b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PRESIDENT</b>	12. NAME	
STREET ADDRESS	<b>EVELYN KIRKLAND</b>	13. STREET ADDRESS	
CITY-STATE-ZIP	<b>8457 ROCKLAND DR</b>	14. CITY-STATE-ZIP	
	<b>JAX, FL 32221</b>	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	22. NAME	
NAME	<b>SECRETARY</b>	23. STREET ADDRESS	
STREET ADDRESS	<b>DENISE BATTLE</b>	24. CITY-STATE-ZIP	
CITY-STATE-ZIP	<b>750 BULLS BAY HWY</b>	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>JAX, FL 32220</b>	32. NAME	
TITLE	<input type="checkbox"/> DELETE	33. STREET ADDRESS	
NAME		34. CITY-STATE-ZIP	
STREET ADDRESS		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP		42. NAME	
TITLE	<input type="checkbox"/> DELETE	43. STREET ADDRESS	
NAME		44. CITY-STATE-ZIP	
STREET ADDRESS		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP		52. NAME	
TITLE	<input type="checkbox"/> DELETE	53. STREET ADDRESS	
NAME		54. CITY-STATE-ZIP	
STREET ADDRESS		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP		62. NAME	
TITLE	<input type="checkbox"/> DELETE	63. STREET ADDRESS	
NAME		64. CITY-STATE-ZIP	
STREET ADDRESS			
CITY-STATE-ZIP			

**4/5/97**

**400002178944**  
**-05/14/97--0111--028**  
**\*\*\*165.00**

14. I 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: **EVELYN KIRKLAND Evelyn Kirkland** 42857 904-783-6868  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)