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FILED

Jan 28 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000039024 (0)

1. Corporation Name

JENSEN MEAT MARKET, INC.



Principal Place of Business

1114 JENSEN BEACH BLVD  
JENSEN BEACH FL 34957

Mailing Address

1114 JENSEN BEACH BLVD  
JENSEN BEACH FL 34957

3. Date Incorporated or Qualified

05/01/1996

3a. Date of Last Report

2. Principal Place of Business

21 1114 Jensen Beach Blvd

2a. Mailing Address

26 1114 Jensen Beach Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

65-0663423

Applied For

Not Applicable

22 City & State

23 Jensen Beach, FL

27 City & State

28 Jensen Beach, FL

Zip

34957

Country

USA

Zip

34957

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$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

GALDYS, JOHN  
1114 JENSEN BEACH BLVD  
JENSEN BEACH FL 34957

10. Name and Address of New Registered Agent

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 printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/28/97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME GALDYS, JOHN  
STREET ADDRESS 1901 SE BOLTON AVE  
CITY - ST - ZIP PT ST LUCIE FL 34952

TITLE ☐ DELETE  
NAME GALDYS, MARIE  
STREET ADDRESS 1901 SE BOLTON AVE  
CITY - ST - ZIP PT ST LUCIE FL 34952

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President, Treas. ☒ Change ☐ Addition  
1.2 NAME Galdys, John  
1.3 STREET ADDRESS 1901 SE Bolton Ave  
1.4 CITY - ST - ZIP Port St Lucie, FL 34952

2.1 TITLE Secretary ☒ Change ☐ Addition  
2.2 NAME Galdys, Marie  
2.3 STREET ADDRESS 1901 SE Bolton Ave  
2.4 CITY - ST - ZIP Port St Lucie, FL 34952

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/97

Date

601-334-5330

Daytime Phone #

CR2E034 (9/96)