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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## P96000039024 (0) DOCUMENT # 1. Corporation Name

JENSEN MEAT MARKET, INC. Principal Place of Business Mailing Address 1114 JENSEN BCH BL. 1114 JENSEN BCH BLVD JENSEN BCH FL 34957 JENSEN BCH FL 34957 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0663423 Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Country Zip Country Zip This corporation owes or has paid the current year Intangible Yes □ No 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GALDYS, JOHN 1114 JENSEN BEACH BLVD Street Address (P.O. Box Number is Not Acceptable) JENSEN BEACH FL 34957 83 84 City 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 title if applicable (NOTE Registered Agent signature required when reinslating) CR2E034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change TITLE DELETE 1.1 TITLE Addition GALDYS, JOHN NAME 1.2 NAME 1901 SE BOLTON AVE STREET ADORESS 1.3 STREET ADDRESS PORT ST LUCIE FL CITY-ST-7IP 1.4 CITY - ST- 7IP DELETE Change Addition TITLE 21 TITLE GALDYS, MARIE NAME 2.2 NAME 1901 SE BOLTON AVE 2.3 STREET ADDRESS STREET ADDRESS PORT ST. LUCIE FL. 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. I hereby certify that the information supplied with this titing 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 upon or supplemental approach is true and accurate and that my signature shall have the same legal effect as if made under oath; that I arn an officer or director of the corporation or the universe indicated to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 15 if cha

SIGNATURE:

561 334-5330

**FILED** 

Mar 24 1998 8:00am

Secretary of State