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

PROFIT CORPORATION **ANNUAL REPORT**

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000047506 (6)

FILED May 14 1998 8:00am Secretary of State

A CUT ABOVE MEATS, INC. Principal Place of Business Mailing Address 85 E. SAILFISH DR 85 E. SAILFISH DR ATLANTIC BEACH FL 32233 ATLANTIC BEACH FL 32233 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/04/1996 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 59-3386641 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Country 8. This corporation owes or has paid the current year Intangible 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 O'NEILL, KAREN B **1009 21ST ST NORTH** 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE BCH FL 32250 83 84 City 85 Zip Code 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 little if applicable (NOTF: Registered Agent signature required when reinstating) 12, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Addition TITLE 11 TITLE ☐ Change WILSON, MARGARET A 1.2 NAME CR2E034 1739 5TH AVE N STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE BCH FL 32250 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE Change Addition 2.1 TITLE LAUDER, ELIZABETH A NAME 2.2 NAME 1068 D VALLEY FORGE COURT STREET ADDRESS 23 STREET ADDRESS ATLANTIC BEACH FL 32233 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE Change Addition 31 TITLE LAUDER, GERALD J NAME 3.2 NAME 1068 D VALLEY FORGE COURT STREET ADDRESS 3.3 STREFT ADDRESS ATLANTIC BEACH FL 32233 CITY-ST-ZIP 3.4. CITY - \$1 - ZIP DELETE Change TITLE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE NAME **5.2 NAME** STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. Thereby 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.