

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

FILED

Apr 11 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 # P96000076441 (0)

1. Corporation Name
THE MEAT BOX OF LEESBURG, INC.



Principal Place of Business
411 N. 14TH STREET
UNIT 140
LEESBURG FL 34748

Mailing Address
411 N. 14TH STREET
UNIT 140
LEESBURG FL 34748-4864

3. Date Incorporated or Qualified 09/13/1996
3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number 59-3401570
Applied For Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LANDT, ROBERT E
230 N.E. 25TH AVENUE
SUITE 200
OCALA FL 34470

81 Name Ronald Coutcher
82 Street Address (P.O. Box Number is Not Acceptable) 2827 N.W. Pine Ave
83
84 City Ocala FL 85 Zip Code 34475

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 Ron Coutcher RON COUTCHER PRES. 3/17/97
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE B P
NAME COUTCHER, RON
STREET ADDRESS 2827 N.W. PINE AVENUE
CITY- ST- ZIP Ocala FL 34470
☐ DELETE
TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ DELETE
TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ DELETE
TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ DELETE
TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ DELETE
TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP
2.1 TITLE Vice President
2.2 NAME Kathleen Coutcher
2.3 STREET ADDRESS 2827 N.W. Pine Ave
2.4 CITY- ST- ZIP Ocala, FL 34475
3.1 TITLE Treasurer
3.2 NAME Mark Wood
3.3 STREET ADDRESS 411 N. 14th St Suite 140
3.4 CITY- ST- ZIP Leesburg, FL 34748
4.1 TITLE Secretary
4.2 NAME Jennifer Wood
4.3 STREET ADDRESS 411 N. 14th St. Suite 140
4.4 CITY- ST- ZIP Leesburg, FL 34748
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP
6.1 TITLE
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: X Ron Coutcher RON COUTCHER 03/17/97 (352) 315-4106
Signature typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)