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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P96000076987 (2)

PORKCHOP & FRIENDS INC.

Principal Place of Business	Mailing Address		
6287 ESTATES DR NORTH PORT FL 34286	8287 ESTATES DR North Port Fl 34286-4004		

FILED Apr 30 1997 8:00am Secretary of State



			•	3. Date Incorporated or Qualified 3a. Date of Last Report 09/17/1996		
2. Principal Place of Business 2a. Marling Address		4. FEI Number Applied For				
21 26			65-0693173 Not Applicable			
Suite, Apt. #, etc. Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional			
22 27			Fee Required			
City & State City & State			6. Election Campaign Financing \$5.00 May Be			
28			Trust Fund Contribution Added to Fees			
Zip	Country	L Zip	Country	8. This corporation has liability for intangible tax under s. 199.032,		
24	25	29	30	Florida Statutes 🔀 Yes 🗌 No		
9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent						
VIALL, RADONNA			81 Name	81 Name		
8287 ESTATES DR			82 Street	82 Street Address (P.O. Box Number is Not Acceptable)		
NORTH PORT FL 34286						
ļt				83		
			84 City	B5 Zip Code		
				FL '		
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 ag		Hegistered Agent signature			
12.	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
		[DEFEIF	1.1 TITLE	Change Addition		
NAME	VIALL, RADONNA		1.2 NAME			
STREET ADDRESS	8287 ESTATES DR		1.3 STREET ADDRESS			
CITY-ST-ZIP	NORTH PORT FL 34286		1.4 CRY-ST-ZIP			
TITLE	D	DELETE	21 TITLE	☐ Change ☐ Addition		
NAME	LOERZEL, DANIEL		2.2 NAME			
STREET ADDRESS	409 NE 23RD ST		2 3 STREET ADDRESS			
CITY-ST-ZIP	CAPE CORAL FL 33909		2. 4 CITY - ST - ZIP			
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition		
NAME	LOERZEL, BRENDA		3.2 NAMê			
STREET ADDRESS	409 NE 23RD ST		3.3 STREET ADDRESS			
CITY-ST-ZIP	CAPE CORAL FL 33909		3.4. CITY - ST - ZIP			
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addilion		
NAME			4 2 NAME			
STREET ADDRESS			4.3 STREE1 ADDRESS			
CITY-ST-ZIP			4.4 CITY - \$T - ZIF			
TITLE		☐ DELETE	5.1 TITLE	Change Addition		
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY - \$1 - ZIP			
TITLE		☐ DELETE	6.1 TOLE	Change Addition		
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY · ST · ZIP			
	by certify that the information supplie	d with this filips does not suclif-		totad in Continu 110 07/2)(4) Florida Statutas I further contifu that the		

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 without address.

SIGNATURE BYONG MORNAL Brends LO