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

PROFIT CORPORATION ANNUAL REPORT

1998



LLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000104219 (6) **DOCUMENT #**

JOHNSON MEAT COMPANY, INC.

Principal Place of Business

4

CITY-ST-ZIP

Mailing Address

FILED Apr 29 1998 8:00am Secretary of State



1013 E. SKAGWAY 1013 E. SKAGWAY TAMPA FL 33604 TAMPA FL 33604 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/26/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-3424216 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 8. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country Z_{1D} 8. This corporation owes or has paid the current year tritangible 25 Personal Property Tax due June 30. 24 30 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name Joyce, Jerry L 204 NORTH MACDILL AVE. 82 Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33609** 83 84 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Addition DELETE 1.1 TITLE Change NAME JOHNSON, JAMES S 1.2 NAME 2484 GOLD HILL ROAD STREET ADORESS 1.3 STREET ADDRESS **BROOKSVILLE FL 34809** 1.4 CITY-ST-ZIP CITY-ST-ZIF DELETE Change ___ Addition 2.1 TITLE TITLE JOHNSON, NICKIE E NAME 2.2 NAME 2464 GOLD HILL ROAD STREET ADDRESS 2.3 STREET ADDRESS **BROOKSVILLE FL 34609** CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-2IP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-\$1-ZIP DELETE 5.1 TITLE Change Addition TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition Change TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. I 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.

6.4 CITY-S1-ZIP