

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER 10/30/98, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO STATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham,**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Aug 12 1998 8:00am  
Secretary of State

DOCUMENT # **P97000092832 (9)**  
1. Corporation Name

**NAPLES NATURAL MEATS, INC.**



Principal Place of Business

**368 INDUSTRIAL BLVD  
NAPLES FL 34104**

Mailing Address

**368 INDUSTRIAL BLVD  
NAPLES FL 34104**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/27/1997**

4. FEI Number

**65-0804642**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip Country

**24** **25**

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip Country

**29** **30**

9. Name and Address of Current Registered Agent

**BEVIN, KAREN  
SPARKMAN & CHINN PA  
307 AIRPORT ROAD  
NAPLES FL 34104**

**← This is correct**  
**N. NATURAL MEATS**  
**368 INDUSTRIAL BLVD.**  
**NAPLES FL 34104**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

**83** **NAPLES NATURAL MEATS**  
**368 Industrial Blvd.**

**84** City **Naples, FL 34104**

**FL** **85** Zip Code

**AUG 08 1998**

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 **LOUISA MULLIN**  
Signature, typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent signature required when reinstating

**JUL 20 1998**

DATE

12. OFFICERS AND DIRECTORS

TITLE **PRES ANDRE HERRMANN** ☐ DELETE

NAME **368 INDUSTRIAL**

STREET ADDRESS **NAPLES, FL 34104**

CITY-ST-ZIP **81** **LOUISA MULLIN** ☐ DELETE

NAME **368 INDUSTRIAL**

STREET ADDRESS **NAPLES, FL 34104**

CITY-ST-ZIP **81** ☐ DELETE

TITLE ☐ DELETE

NAME **ATTORNEY:**

STREET ADDRESS **KAREN BEVIN**

CITY-ST-ZIP **307 AIRPORT RD**

**NAPLES FL 34104**

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE

**JUL 06 1998**

**941-262-8804**

CR2E034 (5/98)