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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P9800006611

PORK BUSTERS, INC.

Principal Place o	f Business
785 DIANE CIR	
AAAAEL DEDBY CL	00707

## FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90244 014 \*\*\*150.00



isiness Mailing Address										
785 DIANE CIR Casselberry Fl	785 DIANE CIR Casselberry FL 32707		DO NOT WRITE IN THIS SPACE							
				3. Date Incorporated or Qualifed 01/20/1998						
2a. Mailing Addre	2a. Mailing Address			4. FEI Number 265-33-0228		Applied For Not Applicable				
Suite, Apt. #,	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required					
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees						
Zip 29	Zip Country			8. This corporation owes the current year Intangible Personal Property Tax.						
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
HUDSON, GEORGE SCOTT 785 DIANE CIR			Name Street Addre							
CASSELBERRY FL 32707		83				- 59 ··· -				
		84	City	FL	85	Zip Code				
	785 DIANE CIR CASSELBERRY FL  2a. Mailing Addre 26  Suite, Apt. #, 27  City & State 28  Zip 29	785 DIANE CIR CASSELBERRY FL 32707  2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Cot 29 30	785 DIANE CIR CASSELBERRY FL 32707  2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30 irrent Registered Agent  81 82	785 DIANE CIR CASSELBERRY FL 32707  2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30 Irrent Registered Agent  81 Name 82 Street Address 83	785 DIANE CIR CASSELBERRY FL 32707  DO NOT WRITE IN THIS  3. Date Incorporated or Qualifed 01/20/1998  4. FEI Number 26 Suite, Apt. #, etc. 5. Certifcate of Status Desired  Trust Fund Contribution  Zip Country 29 30 Country 8. This corporation owes the current year Int Personal Property Tax.  Irrent Registered Agent  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83	785 DIANE CIR CASSELBERRY FL 32707  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed 01/20/1998  4. FEI Number 26 Suite, Apt. #, etc. 5. Certifcate of Status Desired Fe  City & State City & State 7. Country 8. This corporation owes the current year Intangible Personal Property Tax.  Personal Property Tax.  19. Name and Address of New Registered Agent  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)				

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: Regis	tered Agent signature re	quired when reinstating)		DATE			
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
TITLE	D DEL	.ETE 1	I.1 TITLE			☐ Change	Addition		
NAME	HUDSON, GEORGE SCOTT	1	I.2 NAME				l		
STREET ADORESS	785 DIANE CIR		1.3 STREET ADDRESS						
CITY-ST-ZIP	CASSELBERRY FL 32707		1.4 CITY-ST-ZIP						
TITLE	DELI	ETE 2	2.1 TITLE			☐ Change	Addition		
NAME		2	2.2 NAME						
STREET ADDRESS		2	2.3 STREET ADDRESS						
CITY-ST-ZIP		. 2	2.4 CITY+ST+ZIP		<u> </u>				
TITLE	□ DEL	LETE 3	3.1 TITLE			☐ Change	☐ Addition		
NAME		3	3.2 NAME						
STREET ADDRESS		3	3.3 STREET ADDRESS				ţ		
CITY-ST-ZIP		3	3.4. CITY- ST-ZIP						
TITLE	☐ DEL	LETÉ 4	4.1 TITLE			Change	Addition		
NAME		4	1. 2 NAME				}		
STREET ADDRESS		14	4.3 STREET ADDRESS						
CITY-ST-ZIP			1.4 CITY-ST-ZIP			<u>.</u>	•		
TITLE	☐ DEL	LETÉ :	S.1 TITLE			☐ Change	☐ Addition		
NAME			5.2 NAME				}		
STREET ADDRESS			5.3 STREET ADDRESS						
CITY-ST-ZIP			5.4 CITY-ST-ZIP						
TITLE	☐ DEL	LETE	5.1 TITLE			Change	☐ Addition		
NAME		t	5.2 NAME						
STREET ADDRESS		t	6.3 STREET ADDRESS						
CITY-ST-7IP " 3		6	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, with all other like empowered.

SIGNATURE: