FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 18 PM 5:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V05647 (5)

1. Corporation Name
NEBRASKA PRIME MEATS OF PENSACOLA, INC.

Principal Place of Business	Mailing Address
2370 N. PALAFOX PENSACOLA FL 32501	2370 N. PALAFOX PENSACOLA FL 32501

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/10/1992
3a. Date of Last Report: 04/11/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) County (25) Zip (29) County (30)

4. FEI Number: 59-3101278 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

DANCY, JON
WALCO, INC.
3960 BARRRANCAS AVE
PENSACOLA FL

10. Name and Address of New Registered Agent

81 Name: William A. OSBORN
82 Street Address (P.O. Box Number is Not Acceptable)
83 1390 Ft. Pickens Rd, #109
84 City: Pensacola Beach FL 85 Zip Code: 32561

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: William A. Osborn William A. OSBORN 4/12/95
(Signature, typed or printed name of registered agent and date if applicable) (NOTE: Registered Agent signature required when name changed) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	OSBORN, WILLIAM A	12 NAME	
STREET ADDRESS	1390 FORT PICKENS RD. #109	13 STREET ADDRESS	
CITY ST ZIP	PENSACOLA BEACH FL 32561	14 CITY ST ZIP	
TITLE	TSD	21 TITLE	☐ Change ☐ Addition
NAME	CLARK, RAMONA K	22 NAME	
STREET ADDRESS	1390 FORT PICKENS RD. #109	23 STREET ADDRESS	
CITY ST ZIP	PENSACOLA BEACH FL 32561	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☒ Addition
NAME		32 NAME	V.P.D. DANNY JOSEPH MAHONEY
STREET ADDRESS		33 STREET ADDRESS	4520 OVERLAW WAY
CITY ST ZIP		34 CITY ST ZIP	PENSACOLA, FL. 32505
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: William A. Osborn William A. OSBORN 4/12/95 904 432-3461
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0386501 CP