

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V35569 (5)

1. Corporation Name
BASIC BEEFMASTERS, INC.



Principal Place of Business: **PO BOX 704 MONTICELLO FL 32344**
Mailing Address: **PO BOX 704 MONTICELLO FL 32344**

3. Date Incorporated or Qualified: **05/12/1992**
3a. Date of Last Report: **02/21/1995**
4. FEI Number: **59-3136787**
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

2. Principal Place of Business: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22
City & State: 27
Zip: 24 Country: 25
Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DILLARD, JOSEPH E
SR 158A
MONTICELLO FL 32344**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: **FL** 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: _____ (NOTE: Registered Agent signature required when re-filing) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE: <input type="checkbox"/> DELETE	D
NAME:	DILLARD, JOSEPH E
STREET ADDRESS:	SR 158A
CITY-ST-ZIP:	MONTICELLO FL
TITLE: <input type="checkbox"/> DELETE	D
NAME:	BOYD, F ALLEN JR
STREET ADDRESS:	SR 146 RT 2 BOX 33
CITY-ST-ZIP:	MONTICELLO FL
TITLE: <input type="checkbox"/> DELETE	
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE	
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE	
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12 NAME:	
13 STREET ADDRESS:	
14 CITY-ST-ZIP:	
2 1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
22 NAME:	
23 STREET ADDRESS:	
24 CITY-ST-ZIP:	
3 1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
32 NAME:	
33 STREET ADDRESS:	
34 CITY-ST-ZIP:	
4 1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
42 NAME:	
43 STREET ADDRESS:	
44 CITY-ST-ZIP:	
5 1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
52 NAME:	
53 STREET ADDRESS:	
54 CITY-ST-ZIP:	
6 1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
62 NAME:	
63 STREET ADDRESS:	
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)(k), 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 as an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: _____ DATE: _____ DAY, MO & PHONE # _____

CR2E034 (12/95)