FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

5-1-95 B-6080C

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

APPROVED AND FILED
95 MAY -1 PM 5:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # V59912 (8)

1. Corporation Name
STEAKING, INC.

Principal Place of Business	Mailing Address
775 WILL BARBER ROAD KISSIMMEE FL 34744 US	P.O. BOX 420324 KISSIMMEE FL 34742 US

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

3. Date Incorporated or Qualified: 08/25/1992
3a. Date of Last Report: 03/17/1994
4. FEI Number: 59-3143697 — 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

KING, THOMAS SR
775 WILL BARBER RD
KISSIMMEE FL 34744

10. Name and Address of New Registered Agent

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 ____ Date ____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	KING, THOMAS SR	1.2 NAME		
STREET ADDRESS	775 WILL BARBER RD	1.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE	S/D	☒ Change ☐ Addition
NAME	KING, THOMAS JR	2.2 NAME		
STREET ADDRESS	2799 TROPICAL LAKE DR.	2.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE	T/D	☒ Change ☐ Addition
NAME	KING, TINA	3.2 NAME		
STREET ADDRESS	775 WILL BARBER RD	3.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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: Thomas C. King Sr — 4-26-95 — (407) 931-2020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0462180 FP