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

PROFIT CORPORATION **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(4)

FILED May 07 1998 8:00am Secretary of State

GLADES MERCANTILE CO., INC.				
Principal Place of Business	Maiting Address	 	-{	1811 81911 E1814 81811 81811 1891
P. O. BOX 1900	P. O. BOX 1900			
BELLE GLADE FL 33430 BELLE GLADE FL 33430)	DO NOT WRITE IN THI	S SPACE
			3. Date Incorporated or Qualified	
			09/19/1940	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		59-0264520	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	27			Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip Country	28 Zip	Country	Trust Fund Contribution	Added to Fees
24 25	29	30	This corporation owes or has paid the of Personal Property Tax due June 30.	Current year Intangible ☐ Yes ☐ No
p. Name and Address of Curre		1301	10. Name and Address of New Registers	
ALDERMAN, JOE M., II		81 Name		
73 S.E. AVE., E				
BELLE GLADE FL 33430		82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
DECEL CONDETTE CONTO		63		
		84 City	F	85 Zip Code
11 Pursuant to the provisions of Sections 607.05	02 and 607 1508 Florida Statu	tes, the above-named coro		
 Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the Stat- agent. I am familiar with, and accept the oblig 	o of Florida Such change was	authorized by the corporat	ion's board of directors. I hereby accept the a	ppointment as registered
	gations of, Section 607.0505-Fi	iorida Statutes.		
SIGNATURE Signature, typod or printed name of registored ag	ent and title if applicable (NO	TE Registered Agent signature requir	ed when reinstating) DATE	
	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE P	DELETE	1.1 TITLE		Change Addition
NAME ALDERMAN II, JOE E.		1.2 NAME	deempete ToE M	
STREET ADDRESS 73 S.E. AVE., E.		1.3 STREET ADDRESS	THE SOUR IN	
CITY-ST-ZIP BELLE GLADE FL		1.4 CITY-ST-ZIP		
TITLE	DELETE	21 TITLE		Change Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2 4 CiTY-ST-ZIP		
TITLE	DELETE	31 TITLE		Change Addition
NAME		3 2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3 4. CITY-ST-ZIP		
TITLE	☐ DELETE	4.1 TITLE		Change Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY - ST - ZIP		
TITLE	DELETE	5.1 TITLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY - ST - ZIP		5.4 CITY-ST-ZIP		
TITLE	DELETE	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 hereby certify that the information supplierts	with this filing does not qualify t	for the exemption stated in	Section 119.07(3)(i), Florida Statutes. I further e shall have the same legal effect as if made	certify that the information

to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in