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Apr 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # 212069 (9)

1. Corporation Name
GLADES EQUIPMENT CO., INC.

Principal Place of Business	Mailing Address
1281 N. OCEAN DRIVE SUITE 162 SINGER ISLAND FL 33404	1281 N. OCEAN DRIVE SUITE 162 SINGER ISLAND FL 33404

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/10/1958

2. Principal Place of Business	2a. Mailing Address
21 666 S.E. Fifth Street	26 666 S.E. Fifth Street
Suite, Apt. #, etc.: 22	Suite, Apt. #, etc.: 27
City & State: 23 Belle Glade, FL	City & State: 28 Belle Glade, FL
Zip: 24 33430 Country: 25 Palm Beach	Zip: 29 33430 Country: 30 Palm Beach

4. FEI Number: 59-0836687 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
TIREY, LINDA S GLADES EQUIPMENT CO., INC. 1211 THE PLAZA SINGER ISLAND FL 33404	81 Name: John E. Baker, Esq. 82 Street Address (P.O. Box Number is Not Acceptable): 257 S.E. Avenue "E" 83 84 City: Belle Glade FL 85 Zip Code: 33430

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: John E Baker DATE: 4/17/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	d/p/s/t Strong, Brines 666 S.E. Fifth Street Belle Glade, FL 33430	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT STEWART, MARGARET A 5132 NORTH 37TH STREET ARLINGTON VA 22207	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D/ Strong, Cuthbert M. 666 S.E. Fifth Street Belle Glade, FL 33430	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD STEWART, FRANCES M 1920 CRAFTON ROAD NORTH PALM BEACH FL 33408	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D/ Baker, John E. 257 S.E. Avenue "E" Belle Glade, FL 33430	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/97)

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.

SIGNATURE: Brines Strong President 4-17-98