FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **FILED** PROFIT FLORIDA DEPARTMENT OF STATE Jan 28 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 **DIVISION OF CORPORATIONS** DOCUMENT # (6)F12100 WILLISTON PEANUTS, INC. Principal Place of Business Mailing Address HIGHWAY 41 SOUTH HIGHWAY 41 SOUTH P.O. BOX 606 P.O. BOX 606 WILLISTON FL 32696 DO NOT WRITE IN THIS SPACE WILLISTON FL 32696 3. Date Incorporated or Qualified 12/18/1980 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-2047549 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional Ø 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent ROBINSON, J. R. 81 HWY 41 SOUTH, P. O. BOX 606 Street Address (P.O. Box Number is Not Acceptable) WILLISTON FL 32696 83 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 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 Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. __ DELETE TITLE 1.1 TITLE Change ROBINSON, J. R. NAME 1.2 NAME HWY 41 S. BOX 606 STREET ADDRESS 1.3 STREET ADDRESS WILLISTON, FL 00000 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE 2.1 TITLE TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2. 4 CITY-ST-ZIP ☐ DELETE TITLE Change 3.1 TITLE Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE ☐ Change Addition 4, 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change __ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP Change TITLE DELETE 6.1 TITLE NAME 6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

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. A.R. Redonin UHI REROBINSON

STREET ADDRESS

352-528-2388

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