1/11/01 1/1

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State
01-11-2001 90014 013 ***158.75

DOCUMENT # F12100

1. Entity Name
WILLISTON PEANUTS, INC.

Principal Place of Business	Mailing Address
HIGHWAY 41 SOUTH P.O. BOX 606 WILLISTON FL 32696	HIGHWAY 41 SOUTH P.O. BOX 606 WILLISTON FL 32696

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1309 Hwy 41 South	
Suite, Apt. #, etc. [redacted]	Suite, Apt. #, etc.
City & State: Williston FL	City & State
Zip: 32696 / Country: Levy	Zip / Country

4. FEI Number 59-2047549 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROBINSON, J. R. 1309 HWY 41 SOUTH [redacted] WILLISTON FL 32696	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PST ROBINSON, J. R. ~~HWY 41 S. BOX 606~~ 1309 Hwy 41 S. [redacted] WILLISTON, FL 00000 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Raymond Robinson, President — Raymond Robinson, President 1-5-01 352-528-2388
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/00)