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

P94000055080 (3) DOCUMENT #

GRANADA SPREADER SERVICE, INC.

Principal Place of Business Mailing Address **600 S. PARROTT AVENUE** 600 S. PARROTT AVENUE **OKEECHOBEE FL 34974** OKEECHOBEE FL 34974 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/26/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0506531 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Źφ Country 8. This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent HOOKER, DEBORAH M 81 Name 207 NW SECOND STREET Street Address (P.O. Box Number is Not Acceptable) **OKEECHOBEE FL 34972** 83 84 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** 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 DELETE 1.1 TITLE Change Addition HOOKER, CHRISTINA P NAME 1.2 NAME 600 S. PARROTT AVENUE STREET ADDRESS 13 STREET ADDRESS **OKEECHOBEE FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE ☐ Change ___ Addition PELAEZ, RALPH P NAME 2.2 NAME 600 S. PARROTT AVENUE STREET ADDRESS 2.3 STREET ADDRESS **OKEECHOBEE FL** CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition RIEDEL, ROBERT L NAME 3.2 NAME 1676 N.E. 54TH TRAIL STREET ADDRESS 3.3 STREET ADDRESS **OKEECHOBEE FL** CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE 4.1 TITLE ☐ Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE

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.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

54 CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

Change

Change

Addition

Addition

FILED

Feb 13 1998 8:00am

Secretary of State