| PROFI'<br>CORPORA<br>ANNUAL RE   | TION<br>EPORT  |   |   | Sandra B<br>Secretary<br>SIN OF CO | of State   |   |                        |  |   |
|--|--|---|---|------------------------------------|--|---|------------------------|--|---|
| OCUMEN<br>Corporation Name   |  | 2484  | <u> </u>                                      | ( <b>9</b> )                       | <i>9</i> 44 1.¥  |   |                        |  |   |
| ALLCOAT, IN  | IC.  |   |   |                                    |  |   |                        |  |   |
| cipal Place of Basine  | ess  |   | Mailing Address                               | ———————i                           |  |   |                        |  | IDII QIQII BATA IND   |
| 501 C 6TH AVENUE<br>IMOKALEE FL 33939  | )  |   | 1501 C 6TH A<br>IMMOKALEE F                   |                                    |  |   |                        |  |   |
|  | · · · · · · · · · · · · · · · · · · ·  |   |   |                                    |  | 3. Date incorporated or Qualifit 11/16/1987                                     | ied 3a.                | Date of Las<br>03/14/  | t Report<br>1995  |
| frincipal Place of Bus   | siness   | 26  | a. Mailing Addr                               | 038                                |  | 4. FEI Number<br>65-0514692   |                        |  | Applied For<br>Not Applicab                                     |
| uite, Apt. #, etc.   |  | 27  | Suite, Apt. #                                 | , etc.                             |  | 5. Certificate of Status Desired  | , 0                    |  | 75 Additional   |
| ity & State  |  | 28  | City & State                                  |                                    |  | Election Campaign Financir  Trust Fund Contribution                             | ng 🔲                   | \$5  | .00 May Be  |
| a  | Country 25   | 29  | Z(p   | 31                                 | Country  | 8. This corporation has liability   |                        | ible tax unde  | ded to Fees<br>rs 199.032,                                      |
| 9. INCI  | me and Address   | or Current Heg  | istered Agent                                 | ·                                  | 81 Name  | 10. Name and Address of No  | w Regist               | ered Agent   |   |
| 1501 C. 6TH AV   | /ENUE  |   |   |                                    | 82 Street Add<br>83 84 City  | dress (P.O. Box Number is Not Acce  | ptable)                | E1 85  | Zip Code  |
| 1501 C. 6TH AV<br>IMMOKALEE FL<br>Wissand to the proving registered agent, and acc   | /ENUE<br>33939<br>visions of Sections<br>or both, in the Sta<br>accept the obligation  | ns of, Section 60                                     | 7.0505, Florida                               | Statutes.                          | 84 City the above-named corporation's boo  | oration submits this statement for the<br>ard of directors. I hereby accept the | purpose<br>appointme   | of changing it<br>ant as register  | ·   |
| 1501 C. 6TH AV<br>IMMOKALEE FL<br>Virsuant to the proving registered agent, emillar with, and acc  | /ENUE<br>33939<br>visions of Sections<br>or both, in the Stacept the obligation  | ns of, Section 60                                     | 7.0505, Florida ।<br>ग्रांशाम अर्के<br>CTORS  | Statutes.                          | 83 84 City the above-named corporation's bookingstered Agwit signature requirements.   | oration submits this statement for the<br>ard of directors. I hereby accept the | e purpose<br>appointme | of changing it<br>ont as register<br>ATE<br>AND DIREC                            | s registered off<br>ed agent. I am<br>TORS IN 12                |
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