FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT FLORIDA DEPARTMENT OF STATE ORPORATION Sandra E -Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 P97000031231 (8) DOCUMENT # JACKSON FARM LABOR INC. Principal Place of Business Mailing Address 230 RED BUD LANE 230 RED BUD LANE PALATKA FL 32177 PALATKA FL 32177 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/07/1997 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Ζıρ Country Ziρ Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 29 24 25 30 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 JACKSON, TERESA Name 230 RED BUD LANE 82 Street Address (P.O. Box Number is Not Acceptable) PALATKA FL 32177 83 84 City Zip Code 85 11. Pursuant to the provisions of Sections 607.0502 and 677.1508, 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 Horida, Such change was authorized by the corporation's board of directors. I hereby accept the oplications for Designation of the obligations SIGNATURE (NOTE Registered Agent signature required when reinstating) 12. ZERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change Addition 1.2 NAME NAME CS C JACKY O 5.000.025.5.751515----06/12/93--01020--022 STREET ADDRESS 1.3 STREET ADDRESS 19746 61. 3515) 1.4 CITY - ST - ZIP CITY-ST-7IP ****150.00. TITLE 2.1 THLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 3LL77 DELETE 2. 4 CITY - ST - ZIP CITY-\$1-7IP 3.1 111LE ___ Change Addition THUE NAME 3 2 NAME STREAT ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE Change Addition TITLE . 4 1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-7IP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP Change DLLETE Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS 64 CBY-ST-ZIP

14. Thereby certify that the information supplied with this filling 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 suppliemental 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 exportation or the receiver or trustne empowered to execute this report as required by Chapter 607 Florida Statutes; and that my name appears in Block 12 or Block 13 changed, or on an attachment with in address