

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K15280

**Entity Name:** 4-MALITY, INC.**Current Principal Place of Business:**709 NE 3RD ST.  
BELLE GLADE, FL 33430**Current Mailing Address:**709 NE 3RD ST.  
BELLE GLADE, FL 33430**FEI Number:** 65-0033604**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROBERTS, DONIA A  
257 SE MARTIN LUTHER KING, JR. BLVD.  
BELLE GLADE, FL 33430 US*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:** DONIA A. ROBERTS

04/19/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                     |
|-----------------|---------------------|
| Title           | PRESIDENT, DIRECTOR |
| Name            | ROBERTS, DONIA A    |
| Address         | 1355 VELDA WAY      |
| City-State-Zip: | WELLINGTON FL 33414 |

|                 |                      |
|-----------------|----------------------|
| Title           | VP, DIRECTOR         |
| Name            | LOHMANN, ANGEE A     |
| Address         | 1109 NE 2ND STREET   |
| City-State-Zip: | BELLE GLADE FL 33430 |

|                 |                                   |
|-----------------|-----------------------------------|
| Title           | SECRETARY, TREASURER,<br>DIRECTOR |
| Name            | HORNER, BETH A                    |
| Address         | 709 NE 3RD STREET                 |
| City-State-Zip: | BELLE GLADE FL 33430              |

|                 |                      |
|-----------------|----------------------|
| Title           | VP, DIRECTOR         |
| Name            | SMITH, JAYNA A       |
| Address         | 1641 SE AVE. I       |
| City-State-Zip: | BELLE GLADE FL 33430 |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ANGEE LOHMANN

VP

04/19/2019

Electronic Signature of Signing Officer/Director Detail

Date