2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # 197088 Apr 20, 2000 8:00 am Secretary of State 1. Entity Name BARNEY RYALS FRUIT COMPANY, INC. 04-20-2000 90105 029 ***150.00 Mailing Address Principal Place of Business 513 N KEPLER ROAD 513N, KEPHER RD. DELAND FL 32724-3903 DELAND FL 32724 3. Mailing Address 2. Principal Place of Business N-KEPLER ROAD Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 7 4. FEI Number Applied For City & State 59-0784055 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RYALS, BARNELL Street Address (P.O. Box Number is Not Acceptable) 513 N KEPLER ROAD DELAND FL 32720 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change ☐ Addition Delete TITLE RYALS, BARNELL NAME STREET ADDRESS STREET ADDRESS 513 N. KEPLER ROAD CITY-ST-ZIP CITY-ST-ZIP **DELAND FL** ☐ Change ☐ Addition ☐ Delete TITLE TITLE RYALS, MARTHA NAME STREET ADDRESS STREET ADDRESS 513 N KEPLER ROAD CITY-ST-ZIP CITY-ST-ZIP **DELAND FL** ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

BANELL RYALS 4-14 00 Daylime Phone #