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

CITY-ST-ZIP

FILED PROFIT May 14 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # 200994 SUPERIOR GROVES, INC. Principal Place of Business Mailing Address 3577 RAINTREE LN 3577 RAINTREE LN P O BOX 1703 P O BOX 1703 DO NOT WRITE IN THIS SPACE LAKELANO FL 33802 LAKELAND FL 33802 3. Date Incorporated or Qualified 03/25/1957 2. Principal Place of Business 2a. Mailing Address Applied For 26 59-0967854 Not Applicable Suite, Apt. #, etc. Sulte, 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 ARCADIA 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 X Yes ☐ No 25 29 Personal Property Tax due June 30. g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WOLF, LEONARD 838 EDGEWOOD DR Street Address (P.O. Box Number is Not Acceptable) 82 LAKELAND FL 33803 83 84 City 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: Rog sterod Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE PTD 1.1 TITLE Change Addition NAME **SCHEINBERG, SUSAN** 1.2 NAME **420 LINCOLN RD 512** STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP **M**IAMI BCH FL 1.4 CITY - ST - ZIP DELETÉ TITLE 2.1 TITLE Change Addition VCD NAME **WOLF. ROBERT** 22 NAME STREET ADDRESS 3577 RAINTREE LN 2.3 STREET ADDRESS CITY-ST-ZIP **Lakela**nd fl 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - \$1 - ZIP DELETE TITLE Change Addition 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE Change Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 City-St-7iP 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 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 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 by on an attackment with an address.

William A. Hackney, Jr. Special Master under agreement of 11/5/97

and Polk Co Circuit Court order dated 1/28/98. Phone (941)494-6495