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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

417114

Country

9. Name and Address of Current Registered Agent

25

MIDDLETON, JOHN D. RT. 3, BOX 3050

MELROSE FL 32668

ST. RD. 26

(6)

TIERRA SUR. INC

Principal Place of Business

2. Principal Place of Business

4107 NE 225TH DR MELROSE FL 32668

Suite, Apt. #, etc.

City & State

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Zip

Mailing Address 4107 NE 255TH DR.

MELROSE FL 32688

2a. Mailing Address

City & State

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Suite, Apt. #, etc.

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FILED

Mar 25 1998 8:00am

Secretary of State

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/19/1973 4. FEI Number Applied For 59-1453379 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes □ No 10. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable)

Zip Code 11. Pursuant to the provisions of Soctions 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.

Country

81 Name

B3

84 City

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SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE NICHOLS, HUGH HILL NAME 1.2 NAME RTE. 2, BOX 2250 STREET ADDRESS 1.3 STREET ADDRESS MELROSE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE SHIPP, PENNY 2.2 NAME RTE. 2, BOX 2250 STREET ADDRESS 2.3 STREET ADDRESS MELROSE FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition Addition TITLE 3 A TITLE NICHOLS, ELSIE M NAME 3.2 NAME RTE. 2. BOX 2250 STREET ADDRESS 3.3 STREET ADDRESS MELROSE FL 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 ___ Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE Addition 6.1 TITLE 7<u>00</u>0024689 NAME 6.2 NAME -03/26/98--01006--004 STREET ADDRESS 6.3 STREET ADDRESS ***150.00 CITY-ST-ZIP 6.4 CITY - ST- ZIP

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 supplemental 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

3-20-98 (352) 475-1230

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