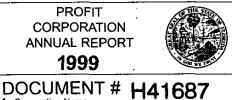
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90041 031 ***150.00

1. Corporation Name ROHDE'S, INC. Mailing Address Principal Place of Business % PAUL E. ROHDE. III % PAUL E. ROHDE. III 450 AVE. A. S.W. 450 AVE. A. S.W. DO NOT WRITE IN THIS SPACE WINTER HAVEN FL 33880 WINTER HAVEN FL 33880 3. Date Incorporated or Qualifed 02/07/1985 2. Principal Place of Business 4. FEI Number Applied For 59-2497187 Not Applicable 21 Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired Fee Required 22 \$5.00 May Be City & State 6. Election Campaign Financing -Added to Fees **Trust Fund Contribution** 23 Zip Country 8. This corporation owes the current year Intangible XNo 30 Personal Property Tax. ☐ Yes 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name ROHDE, PAUL E. III 82 450 AVE. A, S.W. WINTER HAVEN FL 33880 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: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change ☐ DELETE 1.1 TITLE TITLE ROHDE, PAUL E. III 1.2 NAME NAME 450 AVE. A, S.W. 1.3 STREET ADDRESS STREET ADDRESS WINTER HAVEN FL 1.4 CITY-ST-ZIP C/TY-ST-ZIP ☐ Addition ☐ DELETE ☐ Change 21 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE Change 3.1 TITLE TITLE 32 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE Change 41 TM F 4, 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 6 1 TIT) E Change Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 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 of 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, if on an attachment with a address, with all other like empowered.

SIGNATURE:

CR2E034 (11/98