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

PROFIT CORPORATION ANNUAL REPORT 1998

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(2)

KLOEPPEL LAND COMPANY, INC. Principal Place of Business Mailing Address 4321 N.W. 16TH PLACE 4321 N.W. 16TH PLACE GAINESVILLE FL 32605 GAINESVILLE FL 32605 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/24/1985 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 59-2599182 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution 23 Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 🗶 Yes ☐ No 25 30 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name WALTER M. TOVKACH 527-ENIVERSITY-AVE. Street Address (P.O. Box Number is Not Acceptable) GAINESVILLE-FL-32001 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 (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. ☐ Change ☐ Addition TITLE DELETE 1.1 TITLE KLOEPPEL, WILLIAM E. NAME 1.2 NAME 🔍 4321 N.W. 16TH PLACE 1.3 STREET ADDRESS STREET ADDRESS **GAINSVILLE FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE KLOEPPEL, CHARLES J 2.2 NAME NAME 26048 HWY 190 W. 2.3 STREET ADDRESS STREET ADORESS LACOMBE LA 2. 4 CITY-ST-7IP CITY - ST - ZIP DELETE Addition Change TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST~ZIP City - ST - ZIP DELETE 4.1 TITLE Change Addition TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Addition Change

6.4 CITY-ST-ZIP 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 Block 12 or Block 13 if changed, or on an attachment with an address

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

1-15-98 -252-376-

___ Change

Addition

FILED

Jan 26 1998 8:00am

Secretary of State