FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Jan 17, 2002 8:00 am Secretary of State DOCUMENT # J84639 1. Entity Name IMMOKALEE AGRICULTURAL WORKERS I.D., INC. 01-17-2002 90026 021 ***150.00 Principal Place of Business Mailing Address 111 E. MAIN ST. 111 F. MAIN ST. IMMOKALEE FL 34142 IMMOKALEE FL 34142 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2829391 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JOHNSON, RICHARD Street Address (P.O. Box Number is Not Acceptable) 1300 FORRESTER AVE IMMOKALEE FL 34142 City Zip Code FL 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. DP TITLE TITLE ☐ Addition ☐ Delete JOHNSON, RICHARD NAME NAME 1300 FORRESTER AVE STREET ADDRESS STREET ADDRESS IMMOKALEE FL CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change ST JOHN, DEBORAH NAME NAME STREET ADDRESS 111 E MAIN ST STREET ADDRESS CITY-ST-ZIP IMMOKALEE FL 34142 CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition O'QUINN, APRIL NAME NAME STREET ADDRESS 111 E MAIN ST STREET ADDRESS CITY-ST-ZIP IMMOKALEE FL 34142 CITY-ST-7IP TITLE TITLE ☐ Delete Change ☐ Addition NEWSOME, BOBBY NAME NAME 201 NORTH FIRST STREET STREET ADDRESS STREET ADDRESS IMMOKALEE FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 wit

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SIGNATURE:

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