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

FILED May 05 1998 8:00am **PROFIT** ELORIDA DEPARTMENT OF STATE **CORPORATION Bandra B. Mortham** ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # K64877 (9) UZZELL HONEY COMPANY, INC. Principal Place of Business Mailing Address 622 LAKE SEBRING BOULEVARD % RICHARD W. WINESETT 2248 FIRST STREET 2248 FIRST STREET DO NOT WRITE IN THIS SPACE SEBRING FL 33870 FORT MYERS FL 33901 3. Date Incorporated or Qualified 02/09/1989 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-294 1280 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes 24 25 29 30 Name and Address of New Registered Agent g, Name and Address of Current Registered Agent Name WINESETT, RICHARD W. 2248 FIRST STREET Street Address (P.O. Box Number is Not Acceptable) FT MYERS FL 33901 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: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DPST DELETE 1.1 TITLE Change Addition NAME UZZELL, FEUX 1.2 NAME 622 LAKE SEBRING BLVD 1.3 STREET ADDRESS STREET ADDRESS **SEBRING FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE 2.1 TITLE Addition TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST-ZIP ■ DELETE 3.1 TITLE Change ___ Addition TITLE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE 4.1 TITLE Change Addition NAME 1. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE

64 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 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 recoiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and thet my name appears in Block 12 or Block 13 if charged on an attachment with an address.

5.2 NAME

6.1 TITLE

62 NAME

☐ DELETE

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.3 STREET ADORESS

SIGNATURE

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

74/

Change

Addition