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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

(3)

WESTERN HAY COMPANY, INC.

Principal Place of Business Mailing Address

FILED Feb 06 1998 8:00am Secretary of State



910 WEST 24TH STREET 910 WEST 24TH STREET OGDEN UT 84401 OGDEN UT 84401 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 01/16/1990 2. Principal Place of Business 2a. Mailing Address 4. FE! Number Applied For 87-0447445 26 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 29 ☐ Yes ☐ No 24 25 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 KELLY, TIMOTHY P 200 W FORSYTH SUITE 1020 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32202 83 84 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 reinstaling) DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ☐ DELETE TITLE Addition 1.1 TITLE Change GRANT, DAVID R NAME 1.2 NAME 910 WEST 24TH STREET STREET ADDRESS 1.3 STREET ADDRESS **OGDEN UT** CITY-ST-ZIF 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition PETTEYS, G J NAME 2.2 NAME 910 WEST 24TH STREET STREET ADDRESS 2.3 STREET ADDRESS OGDEN UT CITY-ST-ZIF 2. 4 CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE Change GRANT, RICH B. NAME 3 2 NAME 910 WEST 24TH ST. STREET ADDRESS 3.3 STREET ADDRESS OGDEN UT CITY-ST-ZIF 3.4. CITY - ST- ZIP DELETE TITLE 4.1 TITLE Change ___ Addition KARRAS, NOLAN NAME 4. 2 NAME 2195 W 4250 SOUTH STREET ADDRESS 4.3 STREET ADDRESS **ROY UT** CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition PARKE, JOHN NAME 52 NAME 925 WEST 24TH STREET STREET ADDRESS 5.3 STREET ADDRESS OGDEN UT CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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.

SIGNATURE:

THE REQUIRED

1-28-98

801-627-0538