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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000014524 (1)

LIBERTY FOLIAGE, INC.

Principal Place of Business

Mailing Address

FILED Apr 10 1998 8:00am Secretary of State



30526 PRESTWICK AVE 30526 PRESTWICK AVE MT PLYMOUTH FL 32776 MT PLYMOUTH FL 32776 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/26/1993 2. Principal Place of Business 2a. Mailing Address Applied For 21 59-3170640 Not Applicable 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Ζıp Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. XYes \square \text{No} No 24 Personal Property Tax due June 30. 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name BROOKS, DAVID G 30526 PRESTWICK AVE Street Address (P.O. Box Number is Not Acceptable) MT PLYMOUTH FL 32776 City Zip Code 508, Florida Statutos, the above-named corporation submits this statement for the purpose of changing its registered Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered action 607.0505, Florida Statutes. 11. Pursuant to the office or registe SIGNATURE stered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELFTE Change Addition TITLE 1.1 TITLE BROOKS, DAVID G NAME 1.2 NAME 30526 PRESTWICK AVE STREET ADDRESS 1.3 STREET ADDRESS MT PLYMOUTH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition Change 21 TITLE TITLE BROOKS, SUSAN L NAME 2.2 NAME 30526 PRESTWICK AVE STREET ADDRESS 2.3 STREET ADDRESS MT PLYMOUTH FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Addition 3.1 TITLE TITLE MALA 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4, 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-2IP DELETE 5.1 TITLE Change Addition MLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE ☐ Change ☐ Addition NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 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 receivor 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.