

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT

1. Corporation Name

FILED Mar 11, 1999 8:00 am Secretary of State 03-11-1999 90148 034 ***158.75

PNI COL	JNIRY GLUB GLEANERS,	INC.							
Principal Place	of Business	Ma	iling Address				I (1001/20) (10 10) IV DI DI I DI DI I DI DI DI DI DI DI DI DI	CHINE FRANCES	() (
2921 S ORLANDO DR 2921 S OF STE 190 STE 190		STE	2921 S ORLANDO DR				DO NOT WRITE IN THIS	SPACE	
			, i.e. 12 32113			3. Date Incorporated or Qualifed 05/20/1994			
2 Principal DI	ace of Business	2a.	Mailing Address				4. FEI Number		pplied For
_ `	ace of Busiless	26	, riching , tour occ				59-3246581		lot Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				\$8.75 Additional		
22		27							Required
City & State			City & State				6: Election Campaign Financing Trust Fund Contribution		May Be
23 Country		28	Zip Country				8. This corporation owes the current year Intangible		
—				30			Personal Property Tax.		
24	9. Name and Address of Curre		_	1301			10. Name and Address of New Registered	Agent	
-	J. Hamo Ella Magical		<u> </u>	8	11	Name			
	S, PETER J			Ē	12	Street Addre	ess (P.O. Box Number is Not Acceptable)		
2921 \$ ORLANDO DR									
STE 190 Sanford FL 32773				8	33				
SAN	TURD FL 32//3			ε	34	City	FL	85 Zip	Code
office or re agent. I as	egistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Florid jations of,	la. Such change was a Section 607.0505, Flo	rida Statut	es.	me corporation	oration submits this statement for the purpose of on's board of directors. I hereby accept the appo	changing i	ts registered registered
	Signature, typed or printed name of registered a			_	gent	signature required	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ID DIDECT	ODS IN 12
12.	OFFICERS A	ND DIKE	DELETE	13.	 F		AUDITIONS/CHANGES TO OFFICERS A	Change	
TITLE \	DP Yates, Peter J			1.2 NAM					
STREET ADDRESS	2921 S ORLANDO DR, STE 1	an .				ADDRESS			į
CITY-ST-ZIP	SANFORD FL 32773	00		14 CITY	-ST	-ZIP			
TITLE	Oran Grib 12 G2775		☐ DEFELE	2.1 TITL				☐ Change	Addition
NAME				2.2 NAM	E				
STREET ADDRESS				2.3 STR	EET	ADDRESS			
CITY-ST-ZIP				2.4 CIT	Y-S1	T- ZIP			
TITLE			☐ DELETE	3.1 TITL	E			☐ Change	Addition
NAME				3.2 NAM	Ε				
STREET ADDRESS				3.3 STR	EET	ADDRESS			
CITY-ST-ZIP	·			3.4. CIT		T-ZIP		Change	a Addition
TITLE			☐ DELETE	4.1 TITL					y
NAME				4. 2 NAM					
STREET ADDRESS						ADDRESS			ļ
CITY-ST-ZIP			☐ DELETE	4.4 CITY 5.1 TITE		-ZIP		☐ Change	Addition
TITLE NAME								_ •	_
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						ADDRESS			
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STREET ADDRESS CITY-ST-ZIP			☐ DELETE	5.3 STR	EET -ST			☐ Change	a Addition
STREET ADDRESS CITY-ST-ZIP TITLE			☐ DELETE	5.3 STR 5.4 CITY	EET /-ST E			☐ Change	e 🗖 Addition
STREET ADDRESS CITY-ST-ZIP			☐ DELETE	5.3 STR 5.4 CITY 6.1 TITL 6.2 NAM	EET /-ST E			☐ Chángo	e 🗖 Addition

14. Thereby 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 of 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 tryketee 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, of an an attachment with an address, with all other like empowered.

SIGNATURE