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

FILED Mar 10 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P94000042377 (9) R & R ENTERPRISES OF OKEECHOBEE, INC. Principal Place of Business Mailing Address 16140 NW 9TH STREET 16310 96TH STREET OKEECHOBEE FL 34972 OKEECHOBEE FL 34972 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/07/1994 2. Principal Place of Business 2a. Mailing Address 4, FEI Number Applied For 65-0494613 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent HENDRY, JOSEPH R II 81 Name 606 W. SUGARLAND HIGHWAY Street Address (P.O. Box Number is Not Acceptable) **CLEWISTON FL 33440** 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. one of registered agent and title it applicable (NOTE Registered Agent a gnature required en reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. STD DELETE TITLE Change Addition WALDRON, MAJORIE NAME 1.2 NAME 16310 NW 96TH ST. STREET ADDRESS 1.3 STREET ADDRESS **OKEECHOBEE FL 34972** CITY-ST-2IP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE WALDRON, CURTIS J NAME 2.2 NAME 16310 NW 96TH ST. STREET ADDRESS 2.3 STREET ADDRESS OKEECHOBEE FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition 3.1 TITLE Change TITLE WATES R. WALEKA NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE 4.1 TITLE Change Addition TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP

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 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.

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.3 STREET ADDRESS 64 CITY-SY-ZIP

☐ Change

Addition