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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morttigm

Secretary of State
DIVISION OF CORPORATIONS

1998

2. Principal Place of Business

Suite, Apt. #, etc.

23

DOCUMENT # P9400058733

Principal Place of Business

Mailing Address

335 N DEVILS GARDEN RD
CLEWISTON FL 33440
US

MONTURA TRADING POST INC.

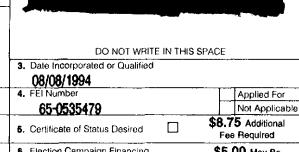
Mailing Address

335 N DEVILS GARDEN RD
CLEWISTON FL 33440
US

2a. Mailing Address

Suite, Apt. #, etc.

FILED
May 19 1998 8:00am
Secretary of State



City & State		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country 25	Ζιρ 29	Co 30	untry	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
	TON, CALVIN D			81	Name IRMA D. BRANAMAN	
1324 \$ NAM ST Belle glade fl 33430				82	Street Address (P.O. Box Number is Not Acceptable) HC61 BOX 82	
•				83	CLEWISTON, FL 33440	
				84	City 85 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. Farryamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.

D. Branaman 4127198 Blanaman IRMA SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE vpsd K Change Addition TITLE, 1.1 1/11/0 NAME ALSTON, CALVIN D 1.2 NAME JAMES M. DICKSON 1324 SO MAIN ST 1.3 STREET ADDRESS STREET ADDRESS RT.2 BOX 168D **BE**LLE GLADE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP CLEWISTON, FL DELETE PD 2.1 TITLE Change ■ Addition TITLE VPSD HILL, H.E. NAME 2.2 NAME IRMA D. BRANAMAN **1324 SO MAIN ST** 23 STREET ADDRESS STREET ADDRESS HC61 BOX 82 **BE**LLE GLADE FL CLEWISTON, FL 33440 2. 4 CITY - ST - ZIP CITY-ST-ZIF VPD DELETE Change Addition TITLE 3.1 TITLE **ALVAREZ, LOUIS** 3.2 NAME NAME 335 N DEVILS GARDEN RD STREET ADDRESS 3.3 STREET ADDRESS CLEWISTON FL CITY-ST-ZIP 3.4 CITY-ST-7IP 700002529417 TITLE DELETE 4.1 TITLE Addition 4 2 NAME NAME -05/19/98--01069--040 STREET ADDRESS 4 3 STREET ADDRESS ***150.00 CITY-ST-ZIP 44 CITY-ST-ZIP DELETE ☐ Change Addition 5.1 HHE TITLE NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS 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 6.4 CHY-ST-7IP

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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

SOMETHER I NO

Nema D Bear

04/03/98