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

FILED
98 MAY -1 PM 12:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000077223 (3)**

1. Corporation Name
[redacted] (now known as UFB Industries, Inc.)
Name change 4/17/98 JS

Principal Place of Business	Mailing Address
440 LIVE OAK BLVD. CASSELBERRY FL 32707 US	PO BOX 180814 CASSELBERRY FL 32718 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/20/1994

2. Principal Place of Business	2a. Mailing Address
21 209 N. Lexington Ave.	26 209 N. Lexington Ave.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Havertown, PA	City & State 28 Havertown, PA
Zip 24 19083 Country 25 USA	Zip 29 19083 Country 30 USA

4. FEI Number: 59-3274906 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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
LINTHURST, THOMAS R 4012 MISTY MORNING PLACE CASSELBERRY FL 32707	81 Name: Intrastate Registered Agent Corporation 82 Street Address (P.O. Box Number is Not Acceptable): c/o Holland & Knight, LLP 83 701 Brickell Avenue, Suite 3000 84 City: Miami FL 85 Zip Code: 33131-3209

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] Vice President 4-30-98
Signature of new registered agent and/or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP LINTHURST, THOMAS J 209 N LEXINGTON AVE HAVERTOWN PA 19083	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	700025142477--5 -05/06/98--01116--020 ****150.00 ****150.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV TRUAX, FRANCIS D 21 FAIRFIELD RD HAVERTOWN PA 19083	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST LINTHURST, THOMAS R 4012 MISTY MORNING PL CASSELBERRY FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	DST Linthurst, Thomas R 8829 Boehning Lane Indianapolis, IN 46219	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

$5 1 98

CR2E034 (10/97)

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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Thomas R Linthurst Vice President 4/30/98