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

PROFIT CORPORATION ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000041341 (5)

HICKEY ORGANIC GRINDING, INC.

Principal Place of Business Mailing Address 9831 \$ ORANGE AVE P O BOX 770913 ORLANDO FL 32824 ORLANDO FL 32877-913 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/17/1995 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 59-3320686 26 Not Applicable 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 Country 8. This corporation owes or has paid the current year Intangible 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent HICKEY, JOHN W 96 WILLARD STREET, SUITE 302 82 Street Address (P.O. Box Number is Not Acceptable) 11848 SINDLESHAM CT ORLANDO FL 32837 83 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. **SIGNATURE** Signature, typed or project came of registered agent and little if appticable (NOTE Registered Agent signature required when reinstating) (10/97 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE Change ___ Addition HICKEY, JOHN W NAME 1.2 NAME CR2E034 11848 SINDLESHAM CT STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL CITY-ST-ZIP 1.4 CITY - ST - ZIP ☐ Change DELETE 21 TITLE Addition TITLE ALPERT, RAYMOND M JR NAME 2.2 NAME 74 SAINT MELLION STREET ADDRESS 23 STREET ADDRESS NASHVILLE TN CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition 3.1 TITLE TATLE NAME 3.2 NAME

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 grapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

3.3 STREET ADDRESS

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

3.4. CITY - ST - ZIP

4.1 TITLE

4.2 NAME

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

DELETE

DELETE

SIGNATURE: R.M. Alpert JR.

(615)

Change

☐ Change

☐ Addition

Addition

Addition

FILED

Apr 01 1998 8:00am

Secretary of State