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

Mailing Address

2239 RIDGEWOOD ROAD, NORTH WEST

WINTER HAVEN FL 33881-1489

PROFIT
CORPORATION
ANNUAL REPORT

Principal Place of Business

WINTER HAVEN FL 33881

SHIELD ADDRESS

appears in Block 12 gr-Block 13 if changed or on an attachment with an address

OD: \$1.78

2239 RIDGEWOOD ROAD, NORTH WEST



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 POCUMENT # P95000059959 (3)

COLINA FENCE COMPANY, INC.

3a. Date of Last Report 3. Date Incorporated or Qualified 07/26/1995 02/08/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-3322083 Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. # 107 5. Certificate of Status Desired Fee Required 22 City & State: City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 61 Name WILLIAMS, COLINA B 2239 RIDGEWOOD ROAD, NORTH WEST Street Address (P.O. Box Number is Not Acceptable) WINTER HAVEN FL 33881 83 Zip Code 84 City 85 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 agent. Landamiliar with and accept the obligations of, Section 607.0505, Florida Statutes DATE Francis on the component warm of my tenning with an attent apple about (NOTE Bugistered Agent's gnature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition DELETE 11 100 F TELE Williams Colina B WILLIAMS, COLINA B 1.2 NAME NAM: go flimely williams 2239 RIDGEWOOD ROAD, NORTH WEST 1.3 STREET ADDRESS STREET ADDRESS WINTER HAVEN FL 33881 1.4 CITY - ST-7IP Change Addition DELE 1E 2.1 TILLE 1694 NAME 2.2 NAME 2.3 STREET ADDRESS SHEET ALCIEDS OUT 51 70 2 4 CITY-ST-7IF DELETE Change Addition 31 TITLE THE NaMi 3.2 NAME 3.3 STREET ADDRESS STREET ANDRESS 3.4 City - St - 7IP CITY ST-Z-2 Change Addition DELETE 4.1 THLE Title 4.2 NAME NAME 43 STREET ADDRESS 508EE1.7.30863 4 4 CITY - ST - ZIP CHY 31, 79 Addition Change DELETE 5.1 TITLE 100 5.2 NAME MY 5.3 STREET ADDRESS SPREED ASCRESS 5.4 CITY-ST-ZIP CdY-SL-76: Addition DELETE ☐ Change 3003 6.1 TITLE 6.2 NAME NSM-

6.3 STREET ADDRESS

64 CITY - ST - ZIP

14. If do 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 innural 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 arr 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

1.19.91) 956.3086

FILED

Mar 21 1997 8:00am

Secretary of State

(96/6)

CR2E034