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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000067821 (4)

BREIER'S APPLE POLISHING SYSTEMS, INC.

Principal Place of Business Mailing Address

181 GRANDE ISLAND BLVD P.O. ROX 9947

FILED
May 08 1998 8:00am
Secretary of State



181 GRANDE ISLAND BLVD. P.O. BOX 9947 PANAMA CITY BEACH FL 32407 PANAMA CITY BEACH FL 32417 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/12/1996 Applied For 2. Principal Place of Business 2a. Mailing Address 21 26 59-3398082 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 Trust Fund Contribution Added to Fees 28 Ζıp Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Breier, Gerald e 181 GRANDE ISLAND BLVD. Street Address (P.O. Box Number is Not Acceptable) PANAMA CITY BEACH FL 32407 83 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.

SIGNATURE SIGNATURE Signature, typed or printed mone of registering agreet and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. **OCEO** DELETE ☐ Addition TITLE 1 1 TITLE Change HALAF Breier, Gerald E 1.2 NAME 181 GRANDE ISLAND BLVD. STREET ADDRESS 1.3 STREET ADDRESS PANAMA CITY BEACH FL 32407 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE Change Addition 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADORESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE ☐ Change ■ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 City-St-ZiP DELETE Change TITLE 51 TITLE Addition NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition TITL F 61 TITLE NAME 6.2 NAME STREET ADDRESS **63 STREET ADDRESS** 6.4 CiTY-ST-ZiP

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 supplimental 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

CIONATURE Mars & E. Brains

1-14-08