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FILED  
Feb 03 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000094734 (6)

1. Corporation Name  
MOTHERLAND, INC.

Principal Place of Business

ROUTE 2, BOX 132  
QUINCY FL 32551

Mailing Address

ROUTE 2, BOX 132  
QUINCY FL 32551

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/15/1996

4. FEI Number

59-3421272

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

2. Principal Place of Business

21 CHARLIE'S DISCOUNT MEATS

Suite, Apt. #, etc.

22 RT 10 Box 615 HWY 20W

City & State

23 TALLAHASSEE FL

Zip

24 32310-9803

Country

25. Mailing Address

26 CHARLIE'S DISCOUNT MEATS

Suite, Apt. #, etc.

27 RR 10 Box 615 HWY 20W

City & State

28 TALLAHASSEE FL

Zip

29 32310-9803

Country

9. Name and Address of Current Registered Agent

PATEL, CHIMAN R  
RT 2 BOX 132  
QUINCY FL 32351

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

RT 10 Box 615 - HWY 20 WEST

83

84 City

TALLAHASSEE

FL

85 Zip Code

32310

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 printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/27/98

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME PATEL, CHIMAN R  
STREET ADDRESS RT 2 BOX 132  
CITY-ST-ZIP QUINCY FL

TITLE VP ☐ DELETE

NAME PATEL, PUSHPA C  
STREET ADDRESS RT 2 BOX 132  
CITY-ST-ZIP QUINCY FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

RT 10 Box 615 HWY 20 WEST  
TALLAHASSEE FL 32310-9803

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

RT 10 Box 615 HWY 20 WEST  
TALLAHASSEE FL 32310-9803

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 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 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 REQUIRED

1/27/98 (450) 575-6185

CR2E034 (10/97)