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

FILED May 18 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # P97000003455 (7) ALVAREZ LAND DEVELOPMENT CORPORATION Principal Place of Business Mailing Address SR 121 AND ANDERSON ROAD SR 121 AND ANDERSON ROAD RAIFORD FL 32083 RAIFORD FL 32083 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/07/1997 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apl. #. etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution 28 Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent ALVAREZ, JOEL L 81 SR 121 AND ANDERSON ROAD 82 Street Address (P.O. Box Number is Not Acceptable) RAIFORD FL 32083 83 **84** 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, in both on 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. 98 (NOTE Registered Agent's onature required when reinstating) FICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE 1.1 TITLE Change Addition **ALVAREZ, JOEL L** NAME 1.2 NAME **\$R** 121 AND ANDERSON ROAD STREET ADDRESS 1.3 STREET ADDRESS RAIFORD FL 32083 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE 2.1 TITLE ☐ Change Addition NAME 2.2 NAME STREET ADDRESS 2 3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change TITLE 3.1 TITLE Addition NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELCTE 4.1 TITLE Addition NAME 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY-ST-ZIP DELETE Addition 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. Thereby certify that the information supplied with this filling 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 supplicmental 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 of the regoiver or trusted empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in

Block 12 or Block 13 if change