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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97(1. Corporation Name SUPERIOR PINESTRAW, INC. P97000070971 (1)

FILED Apr 24 1998 8:00am Secretary of State



Principal Place of Business Mailing Addres						
RT. 3. BOX 5		RT. 3. BOX 5				
BRANDFORD FL \$2008		BRANDFORD FL 32008			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
						08/15/1997
2. Principal Pi	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number Applied For
21		26	26			59-3463859 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional
22		27				Fee Required
City & State		City & State				6. Election Campaign Financing \$5.00 May Be
23		28 Country			· · · · · · · · · · · · · · · · · · ·	Trust Fund Contribution
Zip	Country Ζφ		30 Country			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
24	Name and Address of Current	1	[30]	<u>, </u>		10. Name and Address of New Registered Agent
VINCENT, RAY				B1	Name	10,
	3, BOX 5				0) (4)1	(DO D. M. charitable)
	ANDFORD FL 32008			82	Street Addre	ess (P.O. Box Number is Not Acceptable)
4.5				63		
				64	City	FL 85 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 printed gang of regulating agreations take it applicable (NOTE: Registered Agent signature required when reinstating) DATE						
	Signature, typed or printed name of regulared ages. OFFICERS AND		13.	1 Age	nt signature require	ed when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	De oc			1.1 TITLE		Change Addition
NAME	DALL DIAXON +		1.2 N/	AME		
STREET ADDRESS	Rt & POX J		1.3 ST	REET	ADDRESS	
CITY - ST - ZIP	BRANFORD FI 32008		1.4 CI	TY - S'	T-ZIP	
TITLE		DELETE	2.1 10	TLE		☐ Change ☐ Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 \$1		ADDRESS	
CITY-ST-ZIP			2. 4 GIT		IT-ZIP	
TITLE		☐ DELETE			1	Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP		DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		it - ZiP	Change Addition
TITLE NAME		vittit	4.111 4.2N			_ Stange _ notition ;
STREET ADDRESS			4.3 STREET ADDRESS		ADDRESS	
•			4.4 CITY-ST-ZIP		1	
CITY-ST-ZIP TITLE		DELETE				Change Addition
NAME		_	5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS		ADDRESS	
CITY-ST-ZIP			5.4 C(1) Y - ST - Z(P			
TITLE		☐ DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 \$1	REET	ADDRESS	
CITY-ST-ZIP			6.4 CI			
44 Lhereby c	ertify that the information supplied wit	th this filing does not qualify for	or the eye	mn	tion stated in S	Section 119.07(3)(i). Florida Statutes. I further certify that the information

remove commendation information supplied with this ming does not quality for the exemption stated in Section 119.07(3)(1), Florida Statutes. 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.