

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90289 046 ***150.00

DOCUMENT # P98000018157

1. Corporation Name

GLADES LOGISTICS, INC.

Principal Place of Business

509 SE AVE. E.
BELLE GLADE FL 33430

Mailing Address

509 SE AVE. E.
BELLE GLADE FL 33430

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/24/1998

4. FEI Number

65-0814230

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 the current year Intangible
Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

21 1132 NW 9th St.

2a. Mailing Address

26 PO Box 1565

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Belle Glade

City & State

28 Belle Glade

Zip

24 FL

Country

25 33430

Zip

29 FL

Country

30 33430

9. Name and Address of Current Registered Agent

WHITTENTON, KATHERINE S
509 SE AVE. E.
BELLE GLADE FL 33430

10. Name and Address of New Registered Agent

81 Name

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

1132 NW 9th St.

83

84 City Belle Glade

FL

85 Zip Code 33430

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 Katherine S. Whittenton

Signature, typed or printed name of registered agent and title if applicable

Katherine S. Whittenton, Sect. 5/14/99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D POOLE, SKIPPER ☒ DELETE

NAME POOLE, SKIPPER
STREET ADDRESS 1733 SE AVE. H PLACE
CITY-ST-ZIP BELLE GLADE FL 33430

TITLE D ☐ DELETE

NAME HINES, JAMIE S
STREET ADDRESS 509 SE AVE. E.
CITY-ST-ZIP BELLE GLADE FL 33430

TITLE D ☐ DELETE

NAME WHITTENTON, KATHERINE S
STREET ADDRESS 509 SE AVE. E.
CITY-ST-ZIP BELLE GLADE FL 33430

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

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: Katherine S. Whittenton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Katherine S. Whittenton 5/14/99 5819920314

CR2E034 (11/98)