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PROFIT CORPORATION ANNUAL REPORT

1999

4 STARR PRODUCE, INC.

1. Corporation Name



DOCUMENT # P98000053720

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90064 030 ***150.00

Principal Place of Business Mailing Address 711 HONOLULU DRIVE 711 HONOLULU DRIVE WAUCHULA FL WAUCHULA FL DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 06/16/1998 2a. Mailing Address 4. FEI Nu nber Applied For 2. Principal Place of Business Not Applicable 26 21 \$8.75 Acditional Suite, Apt. #, etc. Suite, Art. #, etc. 5. Certifcate of Status Desired \Box Fee Required 22 27 City & State \$5.00 Nav Be 6. Election Campaign Financing City & State Trust F and Contribution Added to Fees 28 23 Country Zip 8. This corporation owes the current year Intangible Zip Country 17No Yes Personal Property Tax. 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name STARRATT, STEPHEN C 82 Street Ad Iress (P.O. Box Number is Not Acceptable) 711 HONOLULU DRIVE WAUCHULA FL 83 Zip Ccde 85 84 City 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. **SIGNATURIE** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS / ND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition Change ☐ DELETE 1.1 TITLE TITLE STARRATT, STEPHEN C 1.2 NAME NAME 711 HONOLULU DRIVE 13 STREET ADDRESS STREET ADDRESS WAUCHULA FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ DELETE 2.1 TITLE TITLE STARRATT, GAIL C 22 NAME NAME 711-HONOLULU DRIVE 2.3 STREET ADDRESS STREET ADDRESS WAUCHULA FL 2.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 3.1 TITLE TITLE 32 NAME NAME 3 3 STREET ADDRESS STREET ADORES S 34 CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change □ DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS 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 or rify 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 of 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 changes, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP