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

FILED Feb 13 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** S89042 (3) ELLIS GUESS FERNERIES, INC. Principal Place of Business Mailing Address 948 PETERSON RD 948 PETERSON RD PIERSON FL 32180 PIERSON FL 32180 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/01/1992 2. Principal Place of Business 28. Ma ling Address 4 FEL Number Applied For 59-3086932 21 Not Applicable 26 Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing П 23 Trust Fund Contribution_ Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes p. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name GUESS, ELLIS E., JR. 948 PETERSON RD 82 Street Address (P.O. Box Number is Not Acceptable) PIERSON FL 32180 **B3** 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, or both in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DELETE TITLE Change Addition GUESS, ELLIS E., JR. NAME 12 NAME 948 PETERSON RD STREET ADDRESS 1.3 STREET ADDRESS PIERSON FL CITY-ST-ZIP 1.4 CHTY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE GUESS, JEFFREY W. NAME 2.2 NAME

GUESS, SHARON A. NAME 3.2 NAME 948 PETERSON RD 3.3 STREET ADDRESS STREET ADDRESS PIERSON FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4 1 TITLE GUESS, JUDY M. NAME 4 2 NAME 920 PETERSON RD STREET ADDRESS 4.3 STREET ADDRESS PIERSON FL CITY-ST-ZIP 4.4 CITY-ST-ZIP Change DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

DELETE

CITY-ST-ZIP 14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(?), 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changing or on an attachment with an address

63 STREET ADDRESS

woo

920 PETERSON RD

PIERSON FL

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITL F

2.7.98

CR2E034

☐ Addition