FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** May 01 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT #

1. Corporation Name V03410 DE LOERA AND SONS, INC. Principal Place of Business Mailing Address 1595 OLD POLK RD. 1595 OLD POLK RD. WAUCHULA FL 33873 WAUCHULA FL 33873 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/26/1991 2. Principal Place of Business Mailing Address Applied For 3140 SIYO 26 65-0303430 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired П Fee Required 22 27 Šit∨& State 6. Election Campaign Financing \$5.00 May Be C) a O t 28 n ucma Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible ÜS A 29 24 25 <u> 100 N</u> 30 Yes Personal Property Tax due June 30. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DE LOERA, JOSE ALFREDO RT 1 80X 60-D Street Address (P.O. Box Number is Not Acceptable) WAUCHULA FL 33873 83 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE. ☐ Addition 1.1 TITLE Change NAME **DE LOERA, JOSE ALFREDO** 1.2 NAME Hompton 1595 OLD POLK RD STREET ADDRESS 1.3 STREET ADDRESS **WAUCHULA FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition **DE** LOERA. KEELIE ELAINE 2.2 NAME 1595 OLD POLK RD STREET ADDRESS 2.3 STREET ADDRESS 33873 WAUCHULA FL CITY-ST-ZIP 2.4 CITY-S1-ZIP DELETE TITLE 31 TITLE Change Addition NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE Change 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- 7IP DELETE TITLE Addition 5.1 TITLE Change NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition

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 change), or on an attachment with an address.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

Va. Vi. & do looks IV V. & I live V. D. 11-211-01