


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

FILED
Aug 09, 1999 8:00 am
Secretary of State

08-09-1999 90002 043 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>K52969</u> ✓			
1. Corporation Name <u>A.S. Herlong Packing Co., Inc.</u>			
Principal Place of Business <u>118 W. Meadow St</u> <u>Leesburg, FL 34748</u>		Mailing Address <u>P.O. Box 99</u> <u>LaBelle, FL 33975</u>	
2. Principal Place of Business		2a. Mailing Address	
21		26	<u>P.O. Box 99</u>
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	<u>LaBelle FL</u>
Zip	Country	Zip	Country
24		29	<u>33975</u>
		30	<u>USA</u>
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<u>Dock A Blanchard</u> <u>Blanchard, Merriam, Adel + Kirkland, P.A.</u> <u>4 Southeast Broadway</u> <u>P.O. Box 1869</u> <u>Ocala, FL 34478</u>		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <u>FL</u> 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 name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<u>President</u> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>Peter Foy</u>	1.2 NAME	
STREET ADDRESS	<u>2301 SE 5th St</u>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<u>Ocala, FL 34471</u>	1.4 CITY-ST-ZIP	
TITLE	<u>Treasurer</u> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>Dr. Edwin J. Bard</u>	2.2 NAME	
STREET ADDRESS	<u>8568 San Jose Blvd</u>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<u>Jacksonville, FL 32217</u>	2.4 CITY-ST-ZIP	
TITLE	<u>Secretary</u> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>Carl J Neitzke</u>	3.2 NAME	
STREET ADDRESS	<u>P.O. Box 99</u> } Mailing address	3.3 STREET ADDRESS	
CITY-ST-ZIP	<u>LaBelle FL</u> }	3.4 CITY-ST-ZIP	
TITLE	<u>2050 CR 78A</u> } <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>Alva, FL 33920</u> }	4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: C. J Neitzke Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

30 July 1999 941 675-0005
Date Daytime Phone #

CR2E034 (11/98)

30 July 1999
K52969
602620-90002-43

Memo:

To: Division of Corporations

From: C.J. Neitzke Secretary A.S. Herlong Pochig C. Inc.

Re: 1999 Corporation Annual Report.

--Enclosed is our annual report and a check
for \$150.⁰⁰

We did not receive a form for filing
from prior to this form that I requested
last week.