

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

99 JAN 14 AM 10:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 2811632  
1. Corporation Name Kincaid Orchards, Inc.

Principal Place of Business 4520 S. Fla Ave  
Lakeland FL 33813  
Mailing Address P.O. Box 5266  
Lakeland FL 33807

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4520 S. Fla Ave Suite, Apt. #, etc.	2a. Mailing Address 26 P.O. Box 5266 Suite, Apt. #, etc.	3. Date Incorporated or Qualified 5/25/1964	4. FEI Number 591063673
22 City & State 23 Lakeland FL	27 City & State 28 Lakeland FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24 Zip 33813 Country US	29 Zip 33807 Country US	30 US	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

Kincaid, David  
870 George St  
Barlow, FL 33830

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 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	President, Director	1.1 TITLE	
NAME	Kincaid, David	1.2 NAME	
STREET ADDRESS	870 George St	1.3 STREET ADDRESS	
CITY-ST-ZIP	Barlow, FL 33830	1.4 CITY-ST-ZIP	
TITLE	Vice President	2.1 TITLE	
NAME	Kincaid, Nancy	2.2 NAME	
STREET ADDRESS	870 George St	2.3 STREET ADDRESS	
CITY-ST-ZIP	Barlow, FL 33830	2.4 CITY-ST-ZIP	
TITLE	Sec. Director	3.1 TITLE	
NAME	Kincaid, Randy	3.2 NAME	
STREET ADDRESS	3224 US Hwy 92 E	3.3 STREET ADDRESS	
CITY-ST-ZIP	Lakeland, FL 33801	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Kincaid

1/11/99

941-648-5333

CR2E034 (11/98)