## 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** 

# DOCUMENT # 283366

1. Corporation Name ABC FRUIT CO.

# **FILED** Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90064 040 \*\*\*150.00



Principal Place	of Business	Mailing Address			***************************************		ATEN DI	all Stätt raat	
Principal Place of Business 4964 S ORANGE AVE		4964 S ORANGE AVE	4964 S ORANGE AVE						
ORLANDO FL 32806		ORLANDO PL 32806	ORLANDO FL 32806			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
						07/20/1964		ļ	
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	App	lied For	
21		26	_			59-1061083	Not	Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				LE Contifocto of Status Decired		dditional	
22		27				5. Certificate of Status Desired	ee Rec	uired	
City & State		City & State	City & State			1		May Be	
23		28				Trust Fund Contribution A	dded to	Fees	
Zip Country			Zip Country			8. This corporation owes the current year Intangible		<b>_</b>	
24	25	29 30	) <u> </u>			Personal Property Tax.	5 <b>/</b>	No	
	9. Name and Address of Curr	ent Registered Agent	8	41	Mana	10. Name and Address of New Registered Agent			
DOW	ELL LINDA C		ď	1	Name				
POWELL, LINDA C. 4964 S ORANGE AVE.			8	2	Street Addres	ess (P.O. Box Number is Not Acceptable)			
	ANDO FL 32806		L	_					
OnD	4NDO FE 32000		8	3				j	
			8	14	City	85	Zip C	ode	
						FL	na ita	rogistored	
office or n	egistered agent, or both, in the Sta	te of Florida. Such change was auth	ionzed b	)√ tr	named corpor ne corporation	ation submits this statement for the purpose of chang 's board of directors. I hereby accept the appointment	as reg	istered	
agent. I a	m familiar with, and accept the obli	gations of, Section 607.0505, Florid	a Statute	és.	•			}	
SIGNATURE						when reinstating) DATE			
	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE: Re AND DIRECTORS	13.	gent s	signature required w	ADDITIONS/CHANGES TO OFFICERS AND DIR	ECTO	RS IN 12	
12.	PD	DELETE	1.1 TITLE			CIC		Addition	
i	POWELL, LINDA C.		1.2 NAME				-		
NAME					DORESS				
STREET ADDRESS	ORLANDO FL				f				
CITY-ST-ZIP	OREANDO TE	DELETE	1.4 CITY- 2.1 TITLE		ZIF		ange	☐ Addition	
			2.2 NAME						
NAME OTDECT LIBBRESS			2.3 STREE		INDRESS				
STREET ADDRESS			2.4 CITY					}	
CITY-ST-ZIP			3.1 TITLE				ange	Addition	
NAME			3.2 NAM			_		ļ	
			<b>.</b>		DDRESS			Ì	
STREET ADDRESS			3.4. CITY						
CITY-ST-ZIP		☐ DELETE					hange	☐ Addition	
NAME			4. 2 NAV					`	
STREET ADDRESS			4.3 STREE		DORESS .				
CITY-ST-ZIP			4.4 CITY-S		ł				
TITLE	<u> </u>	☐ DELETE	5.1 TITLE			<u> </u>	nange	☐ Addition	
NAME			5.2 NAME						
STREET ADDRESS		•	5.3 STRE	ETA	NODRESS				
CITY-ST-ZIP	•		5.4 CITY						
TITLE		☐ DELETE	6.1 TITLE	_			nange	☐ Addition	
NAME			6.2 NAM	E	-			}	
STREET ADDRESS			6.3 STR	EETA	NODRESS				
JANUAR ADDITION			64 CTTV	ет	71D			ł	

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 visitee 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:

NAME OF SIGNING OFFICER OR DIRECTOR