**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # 285778

1. Corporation Name

**RUSKIN VEGETABLE CORPORATION** 

110011111	VEGETABLE COM CHANGE				
Principal Place	of Business	Mailing Address			1 188118 1) 881 18181 8111 1881 1811 1818 1811 1811 1811 1811 1811 1811 1811 1811 1811 1811 1811 1811 1811 1811
5909 N. TAMIAN APOLLO BEACH US	P.O. BOX 668 Ruskin Fl 33570 US			DO NOT WRITE IN THIS SPACE	
03		03			3. Date Incorporated or Qualifed 10/07/1964
<b>—</b>	ace of Business	2a. Mailing Address			4, FEI Number Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			59-0430666   Not Applicable   \$8.75 Additional
22		27	_		5. Certificate of Status Desired Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
23 Zin	Country	Zip	Countr		Trust Fund Contribution Added to Fees
Zip	Country 25	<u> </u>	30	y	8. This corporation owes the current year Intangible Personal Property Tax.   ☐ Yes ☐ No
[24]	9. Name and Address of Current	11	001		10. Name and Address of New Registered Agent
			81	Name	
BUTLER, W.L. 807 RUSSELL DRIVE			82	2 Street	t Address (P.O. Box Number is Not Acceptable)
PLANT CITY FL 33566			83	3	
			84	City	■■ 85 Zip Code
ļ			-	,	FL
office or re agent. I ai	to the provisions of Sections 607.0502 ogistered agent, or both, in the State of in familiar with, and accept the obligation	f Florida, Such change was at	Jinorizea Di	/ the corb	d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Age	ent signature	a required when reinstating) DATE
12.	OFFICERS ANI	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	VD	☐ DELETE	1.1 TITLE		PRESIDENT Change Addition
NAME	MOOSO, GALEN		1.2 NAME		Mooso, Galen D.
STREET ADDRESS	1006 VENTANA DR			ET ADORESS	S
CITY-ST-ZIP	RUSKIN FL 33573	☐ DELETE	1.4 CITY-	ST-ZIP	Change Addition
TITLE	VDM	□ DELEVE	2.1 TITLE		
NAME	BUTLER, W.L.		2.2 NAME		
STREET ADDRESS	807 RUSSELL DR			ET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL	DELETE	2.4 CITY- 31 TITLE	ST-ZIP	☐ Change ~ ☐ Addition
TITLE	PD CLEICHT DON	Доссо	3.2 NAME		
NAME	SLEIGHT, DON 407 E. SHELL POINT DR			ET ADDRESS	8
STREET ADDRESS	RUSKIN FL		3.4. CITY-		
CITY-ST-ZIP TITLE	STD	☐ DELETE	4.1 TITLE	31-21	
NAME	FULLER, TERESA	<b>_</b>	4. 2 NAME	•	1
STREET ADDRESS	4722 LIGHTERWOOD WAY			- Et address	FULLER, TERESSA G.
	VALRICO FL 33594		4.4 CITY-		
CITY-ST-ZIP	VALINICO I E 33394	☐ DELETE	5.1 TITLE		VICE PRECIPENT Change Addition
NAME			5.2 NAME		I VICE FRESIDENT
STREET ADDRESS			5.3 STRE	ET ADDRESS	WESLEY G. MULLINS
CITY-ST-ZIP			5.4 CITY-	ST-ZIP	S 407 SHELL POINT RD E. RUSKIN, FL 33570 General Deleter
TITLE		☐ DELETE	6.1 TITLE		RUSK-I-N , FL 33570
NAME		_	6 2 NAME		
STREET ADDRESS			6.3 STRE	ET ADDRESS	s

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 of an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

813 645-3264

**FILED** 

Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90126 039 \*\*\*150.00