

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 # 300181

1. Corporation Name

THE V.V. VOGEL AND SONS FARMS, INC.

Principal Place of Business

13013 VEGEL FARMS ROAD  
GIBSONTON FL 33534  
US

Mailing Address

P.O. BOX 638  
13013 VOGEL FARMS RD.  
GIBSONTON FL 33534  
US

FILED  
Feb 24, 1999 8:00 am  
Secretary of State

02-24-1999 90001 028 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/27/1965

4. FEI Number

59-1115063

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

VOGEL,VANCE V  
11535 CORWIN STREET  
GIBSONTON FL 33534

10. Name and Address of New Registered Agent

81 Name

Vogel, George H.

82 Street Address (P.O. Box Number is Not Acceptable)

11535 Corwin St.

83

Gibsonton, Fla. 33534

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

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	VOGEL,VANCE V	
STREET ADDRESS	11535 CORWIN ST	
CITY-ST-ZIP	GIBSONTON FL 33534	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	VOGEL,GEORGE H	
STREET ADDRESS	12014 S. NORTH ST	
CITY-ST-ZIP	GIBSONTON FL 33534	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	VOGEL, GEORGE H. JR.	
STREET ADDRESS	11830 S. NORTH ST	
CITY-ST-ZIP	GIBSONTON FL 33534	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	VOGEL, JOHN V.	
STREET ADDRESS	12014 S.NORTH ST.	
CITY-ST-ZIP	GIBSONTON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Vogel, George H.	
1.3 STREET ADDRESS	11535 Corwin St.	
1.4 CITY-ST-ZIP	Gibsonton, Fla. 33534	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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:

*George H. Vogel*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/11/99

Date

813-677-1412

Daytime Phone #

CR2E034 (11/98)