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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 320487 1. Corporation Name

DUCKWORTH HARVESTING CORPORATION

DOOM					·					
Principal Place	of Business	Mailing Ad	ddress							
THORNBURG RI	D	THORNBUF	-				·			
P.O. BOX 540 BABSON PARK FL 33827			P.O. BOX 540 BABSON PARK FL 33827				DO NOT WRITE IN THIS SPACE			
BABSON PARK	FL 33827	, DADSON F	ATTIC 1 E 00027				3. Date Incorporated or Qualifed			
	٠,				•		08/31/1967			
2 Principal Pl	lace of Business	2a. Mailing	g Address				4. FEI Number	Ap	plied For	12
Z. Philicipal Fi	INCO OL DESILIOSS	26	3				59-1170527	No	t Applicable	3
Suite, Apt. :	# etc		Apt. #, etc.				5. Certificate of Status Desired	\$8.75	,	7
22110,11,011		27				·	5. Certificate of Status Desired	Fee Re	quired	
- Gity & State	0		State				-6. Election Campaign Financing	\$5.00	,	-=
23		28					Trust Fund Contribution	Added t	o Fees	
Zip	Country	Zip		Cour	ntry		8. This corporation owes the current year			
24	25	29		30			Personal Property Tax.	☐ Yes	□No	
	9. Name and Address of Cu	rrent Registered A	Agent				10. Name and Address of New Registe	ered Agent		
		3.7		l	81 Nan	e			_	
	KWORTH, DONALD A	racinatan		ŀ	82 Stre	et Addre	ess (P.O. Box Number is Not Acceptable)			
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BAB	SON PARK FL 33827			ļ	83		· · · · · · · · · · · · · · · · · · ·			
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	caintered agent or both in the S	state of Fiorina, Suc	n chance was a	uulutizuu	DA HIG OF	ed corpo rporatio	oration submits this statement for the purpo n's board of directors. I hereby accept the	se of changing its appointment as re	gistered	
office or r agent. I a	to the provisions of Sections 60's egistered agent, or both, in the 5 m familiar with, and accept the c	state of Fiorina, Suc	on 607.0505, Flor	rida Statu	ites.	Porado			gistered	
	caintered agent or both in the S	state of Florida. Suc bligations of,:Section	on 607.0505, Flor	rida Statu	ites.	Porado	1 when reinstating) [DA	TE		(8)
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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.

FILED

Jan 25, 1999 8:00am

Secretary of State

01-25-1999 90054 022 ***150.00