## 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 # 361481

1. Corporation Name

ABC CIT	TRUS HARVESTING COMPA	NY, INC.					
Principal Plac	e of Business	Mailing Address			1 100100 11110 Stiff 11011 01001 10101 1101 01011	#1817 W1811 \$1811 E	rræft <b>Gtpt/ 160</b> 1
4964 SOUTH ORANGE AVENUE 4964 SOUTH ORANGE AVENUE ORLANDO FL 32806 ORLANDO FL 32806					DO NOT WRITE IN THI	S SPACE	
					3. Date Incorporated or Qualifed		
					03/23/1970		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number 59-1288132	<b>⊢</b>	plied For ot Applicable
21 Suite, Apt.	# etc.	Suite, Apt. #, etc.	-447		_	\$8.75	
22	,, <del></del> -	27			5. Certifcate of Status Desired	Fee Re	equired
City & Stat	te .	City & State		-	6. Election Campaign Financing  Trust Fund Contribution	\$5.00 Added	
Zip	Country 25	Zip C 29 30	ountry		This corporation owes the current year I     Personal Property Tax.	☐ Yes	MNo
	9. Name and Address of Curren	nt Registered Agent			10. Name and Address of New Registere	d Agent	
DAWSON,WILLIAM L 1634 WATERWITCH PT ORLANDO FL 32806			81 Nar	ne	,		
			82 Stre	Street Address (P.O. Box Number is Not Acceptable)			
			83		\	····	
						05 7in	Cada
			84 City		F	L	Code
office or agent. I a	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida, Such change was authorizations of, Section 607.0505, Florida Si	ed by the ci atutes.	rporado	oration submits this statement for the purpose in's board of directors. I hereby accept the approximation of the purpose in the purpose of th	Official as re	egistered
(12. (13.)		nt and title if applicable	red Agentsignat 3∻	ire required	ADDITIONS/CHANGES TO OFFICERS	ND DIRECTO	ORS IN 12
TITLE	PD		TITLE	7.00 27.00	the same of the sa	· Change	Addition
NAME	POWELL, LINDA C.	1.2	NAME	-			
STREET ADDRESS	565 GATLIN AVENUE	1.3	STREET ADDRE	ss			
CITY-ST-ZIP '	ORLANDO FL		CITY-ST-ZIP	<u> </u>	- W	Change	Addition
TITLE	SD		TITLE			☐ Change	☐ Addition
NAME	DAWSON, WILLIAM L 1634 WATERWITCH DRIVE		! NAME I STREET ADDRE				
STREET ADDRESS	ORLANDO FL		4 CITY-ST-ZIP	.55			
CITY-ST-ZIP TITLE	ONLANDO I E		TITLE			☐ Change	Addition
NAME		3.3	NAME		• • • •	•	
STREET ADDRESS		3.3	STREET ADDRE	ss			{
CITY-ST-ZIP			, CITY-ST-ZIP				T Addition
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NAME			2 NAME				
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CITY-ST-ZIP TITLE			TITLE	_		☐ Change	Addition
NAME			NAME				i
STREET ADDRESS	;	5.6	STREET ADDRI	SS			ĺ
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		DELETE 6.	TITLE	- 1	•	Change	☐ Addition

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 of fusite 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. CITY-ST-ZIP

6.2 NAME

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90087 016 \*\*\*150.00