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**PROFIT** CORPORATION ANNUAL REPORT

1999

**DOCUMENT # 405605** 



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90147 047 \*\*\*150.00

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BARFIEL	D PRODUCE, INC.								
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Principal P ace	e of Business	Mailing Address		· · · · · · · · · · · · · · · · · · ·		DIŞI DIGIL ODIGI DIXID BINI DI	IS UIT UIT	I BIBAR DIBIL BIBAR D	(O)( 0)(O)) 10(O)
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1212 N 15TH ST									
US IMMORALEE PL 34142						DO NOT WRITE IN THIS SPACE			
					3. Date Inc	corporated or Qualifed			
					07/26	1972			
2. Principal PI	lace of Business	2a. Mailing Address			4. FEI Nur			App	lied For
21		26			59-140	09592		No	Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				·		\$8.75 A	ditional
22		27			5. Certifca	te of Status Desired		Fee Re	quired
City & State	e	City & State			6. Election	Campaign Financing		\$5.00	May Be
23		28			Trust Fu	and Contribution		Added to	
Zip	Cour try	Zip	Cour	try	8. This cor	poration owes the cur	rent year	ntangible	
24	25	29	30		Persor a	l Property Tax.		☐ Yes	□No
	9. Name and Address of Curre	nt Registered Agent			10. Name a	nd Address of New	Register	d Agent	
				Name					
	FIELD, JAMES E.		ŀ	82 Street Acid	Iress (P.O. Boy	Number is Not Accept	able)		
	SS RD			Otrock / Kilo	11000 (1 .0. 00)	140,000,000,000,000,000			
IMMC	OKALEE FL 34142		Ţ	83					
			ļ					. 85 Zip C	odo.
			İ	84 City			F		Jue
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statu	tes, the ab	ove-named corp	poration submits	this statement for the	purpose	of changing its	registered
office cr	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was	authorized	by the corporati	ion's board of di	rectors. I hereby acce	pt the apt	ointment as reg	jistered
_	m landing with and accept the early								
SIGNATURE	Signature, typed or printed na ne of registered ag								
	Digitatore, types of printed his tit of regions of -3	ent and title if applicable. (NOT	Registered	igent signature requir	ed when reinstating)		DATE		
12.	<del></del>	NO DIRECTORS	Registered .	agent signature require		NS/CHANGES TO OF			
12.	OFFICERS A					NS/CHANGES TO OF		AND DIRECTO	RS IN 12
	P BARFIELD, JAMES E.	NO DIRECTORS	13.	E		NS/CHANGES TO OF			
TITLE	P BARFIELD, JAMES E. CROSS ROAD	NO DIRECTORS	13. 1.1 TITE 12 NA	E		NS/CHANGES TO OF			
TITLE NAME	P BARFIELD, JAMES E.	N() DIRECTORS	13. 1.1 TITE 12 NA 13 STE	E AE		NS/CHANGES TO OF		☐ Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARFIELD, JAMES E. CROSS ROAD IMMOKALEE FL V BARFIELD, THOMAS W.	N() DIRECTORS	13. 1.1 TITE 12 NAI 13 STE 1.4 CIT	E AE BEET ADDRESS (-ST-ZIP E		NS/CHANGES TO OF		☐ Change	Addition
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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.

SIGNATURE:

NING OFFICE ? OR DIRECTOR

74/65/8365