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Jan 29, 1999 8:00am

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 441131

Corporation Name

WOLFER PRODUCE, INC.

WOLILI	I FRODUCE, INC.				-	f 188511 \$1811 BISR1 (1881 f		I BIBIR BUBIR BIBIR I	LLOTT 01811 LOST
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Principal Place	e of Business	Mailing Address	;						
10760 METRO PKWYS.E. 10760 METRO PKV						•			
FT. MYERS FL 33912 FT. MYERS FL 3391						DO NOT	WRITE IN TH	S SPACE	
	.•					3. Date Incorporated or Qua			
						12/03/1973	_		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	-	Ap	plied For
21	•	26				<u>59-1550127</u>			t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desire	ed 🗆	\$8.75	
22		27	_					Fee Re	
City & Stat	e	City & State				Election Campaign Finand Trust Fund Contribution	cing 🗆	\$5.00 Added t	
Zip	Country	28	Count	·		8. This corporation owes the	current year i		
	25	├ ─ ─┐ `	30	•		Personal Property Tax.	ouncin your t	Yes	□No
24	9. Name and Address of Current					10. Name and Address of N	ew Registere	d Agent	
			8	1 Nam	e				
WILS	SON, SMOOT J.		8	2 Step	ot Addros	ss (P.O. Box Number is Not Ac	centable)		
	7 PAT BLVD	•	ľ	2 3116	si Addies	S (F.O. DOX Number is Not Ac	eganistics	1 3 2 1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	***** **********
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town licens	PO - 177 - 57 - 5			<u> </u>			<u> </u>		. *. 4
1.1. Pursuant	to the provisions of Sections 607.0502 registered agent, or both, in the State of	2 and 607.1508, Florida Statute	s, the about thorized b	ve-name	ed corpor	ation submits this statement fo 's board of directors. I hereby a	r the purpose a accept the app	of changing its ointment as re	registered gistered
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Flori	ida Statute	s.			, .,		
SIGNATURE									}
SIGNATURE	Signature, typed or printed name of registered agen		_	ent signatu	re required v	when reinstating) */	DATE	AND DIRECTO	DS IN 12
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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 a laddress with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-99

941-939-2929

Daytime Phone #