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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 557178 1. Corporation Name

A & B HARVESTING, INC.

**FILED** Jan 22, 1999 8:00am **Secretary of State** 

01-22-1999 90006 050 \*\*\*150.00



Principal Place	of Rusiness	Mailing Address		,	t 188101 Bilds Bist koner ilbis danst lats dram atam atam aratt aratt aratt aratt	
283 S. BRIDGE ST. (33935)		283 S. BRIDGE ST. (33935)				
P.O. BOX 118		P.O. BOX 118				
LABELLE FL 33935		LABELLE FL 33935			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualifed 01/12/1978	
2 Principal Pla	ace of Business	2a. Mailing Address	-		4. FEI Number Applied For	_  :
21		26			59-1787363 Not Applicable	e
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired   \$8.75 Additional Fee Required	
City & State	9	City & State			6. Election Campaign Financing \$5.00 May Be	
23		28			Trust Fund Contribution Added to Fees	_
Zip	Country	Zip	Countr	У	8. This corporation owes the current year Intangible	
24	25	29	30		Personal Property Tax. ☐ Yes ☐ No	
	9. Name and Address of Curr	rent Registered Agent			10. Name and Address of New Registered Agent	-
		<del></del>	8	1 Name		
	R, BRUCE 778 WEST, P.O. BOX 118		8	2 Street Add	ress (P.O. Box Number is Not Acceptable)	_
LABELLE, LF FL 33935			8	3		
	LELE, El TE GOOGG					
	•		8	4 City	FI 85 Zip Code	
	10 0070	SEGO J COZ 4500 Florida Statuto	e the abo	ve-named corr	poration submits this statement for the purpose of changing its registered	1
					ion's board of directors. I hereby accept the appointment as registered	
agent. I ar	m familiar with, and accept the obli	igations of, Section 607.0505, Flori	da Statute	es.		
SIGNATURE		(NOTE:	Designad Ac	ont nignature requir	red when reinstating) DATE	
	Signature, typed or printed name of registered	AND DIRECTORS	13.	gent signature require	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.	UFFICERS					
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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: