

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

**FILED**  
**Apr 21, 1999 8:00 am**  
**Secretary of State**

04-21-1999 90183 029 \*\*\*150.00

**DOCUMENT # 576997**

1. Corporation Name

**GOLDEN HARVEST PACKING CO., INC.**

Principal Place of Business

**4788 NORTH U.S. 1  
FORT PIERCE FL 34946**

Mailing Address

**P.O. BOX 2549  
FT. PIERCE FL 34954**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/26/1978**

4. FEI Number

**59-1833285**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

**25** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

**30** Country

9. Name and Address of Current Registered Agent

**BASS, R. DALE  
4788 NORTH U.S. 1  
FT. PIERCE FL 34946**

10. Name and Address of New Registered Agent

**81** Name **Bass, R. Dale**

**82** Street Address (P.O. Box Number is Not Acceptable)  
**8686 Andrews Ave**

**83**

**84** City **Fort Pierce**

**FL**

**85** Zip Code  
**34954**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*R. Dale Bass*

**R. Dale Bass, President**

**April 16, 1999**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE  
NAME **BASS, R. DALE**  
STREET ADDRESS **4788 NORTH U.S. 1**  
CITY-ST-ZIP **FT. PIERCE FL 34946**

TITLE **VTSD** ☐ DELETE  
NAME **BASS, DIANNA L**  
STREET ADDRESS **4788 NORTH U.S. 1**  
CITY-ST-ZIP **FT. PIERCE FL 34946**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P/D** ☒ Change ☐ Addition  
1.2 NAME **Bass, R. Dale**  
1.3 STREET ADDRESS **8686 Andrews Ave**  
1.4 CITY-ST-ZIP **Fort Pierce, FL 34954**

2.1 TITLE **V/T/S/D** ☒ Change ☐ Addition  
2.2 NAME **Bass, Dianna L.**  
2.3 STREET ADDRESS **8686 Andrews Ave**  
2.4 CITY-ST-ZIP **Fort Pierce, FL 34954**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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:

*R. Dale Bass*

**R. Dale Bass, President**

**4/16/99**

**(561) 461-6669**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)