## 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 # 622735 1. Corporation Name

SEMINOLE HARVESTING, INC.

## **FILED** Feb 13, 1999 8:00am **Secretary of State**

02-13-1999 90017 043 \*\*\*150.00



- · · · · · · · · · · · · · · · · · · ·	15.1	Mailing Address			I IMBIIA BILIA LIBIA HELL INDAN INIA ANI E				
Principal Place of Business 4001 SEMINOLE PRATT WHITNEY RD LOXAHATCHEE FL 33470-7098		Mailing Address  4001 SEMINOLE-PRATT WHITNEY RD. LOXAHATCHEE FL 33470-7098			DO NOT WRITE IN THIS SPACE				
US		US			3. Date Incorporated or Qualifed 05/23/1979				İ
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Applied For			
21		26		59-1927117	Not Applicab			1	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional				
22		27			Fee Required			ĺ	
City & State		City & State		6. Election Campaign Financing	□ \$5.00 May Be Added to Fees				
23		28		Trust Fund Contribution		ed to F	ees	ľ	
Zip	Country	<b>⊢</b>	Country		8. This corporation owes the current year			Νο	
24	25	29 30			Personal Property Tax.  10. Name and Address of New Registe	Yes	<u> </u>	140	ĺ
	9. Name and Address of Current	Registered Agent	81	Name	TU. Name and Address of New Registe	ieu Agent			ĺ
UDA	TT WALLACE D		61	Name					١.
HEW	itt, wallace R.   Seminole:Pratt Whitney RD.			2 Street Address (P.O. Box Number is Not Acceptable)					
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LUX	AHATCHEE FL 33470-0098		83		新聞 (1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		3		
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			l			PL		-internal	ŀ
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligation	t Florida. Such chande was aumori	izeu uv	the corborati	poration submits this statement for the purposion's board of directors. I hereby accept the a	ppointment a	s regisi	ered ;	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Regist	tered Ager	nt signature require	ed when reinstating) DAT	E			
12.	OFFICERS AND		13.	<u> </u>	ADDITIONS/CHANGES TO OFFICER	S AND DIREC	CTORS	IN 12	
TITLE	CD		I.1 TITLE		27 N. 18 18 2	Char		Addition	1
NAME	CALLERY, JAMES	1	1.2 NAME	İ					
STREET ADDRESS	4001 SEMINOLE-PRATT WHIT	1	1.3 STREE	TADDRESS				`.	
	LOXAHATCHEE FL	1	1.4 CITY-S	IT-ZIP	,				
CITY-ST-ZIP TITLE	PD		2.1 TITLE			☐ Char	ıge -	☐ Addition	-
	MASSEY, SCOTT	2	2.2 NAME	1				•	
NAME	4001 SEMINOLE-PRATT WHIT			T ADDRESS		•			}
STREET ADDRESS			2. 4 CITY-S						
CITY+ST-ZIP	LOXAHATCHEE FL		3.1 TITLE	<b></b>		Chai	nge	Addition	1
TITLE	TSD WALLACE B	_	3.2 NAME						
NAME .	HEWITT, WALLACE R. 4001 SEMINOLE-PRATT WHIT	1		T ADDRESS		a de la esta	13 t 2-t-		
STREET ADORESS			3.4. CITY-5			<b>在他民间</b>			
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TITLE			4. 2 NAME						ļ
NAME				T ADDRESS					
STREET ADDRESS				i					
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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 application with an address, with all other like empowered.

SIGNATURE:

J.RED