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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 666377

1. Corporation Name

CARLIN	agricultural enterpr	ilses, inc.			
Principal Place	e of Business	Mailing Address			it diğil afatı atası mınır arası sanı
14000 M-J ROA		14000 M-J ROAD			
MYAKKA CITY FL 34251		MYAKKA CITY FL 34251			
US		US		DO NOT WRITE IN TH	HIS SPACE
				3. Date Incorporated or Qualifed	
				04/10/1980	
2. Principal P	lace of Business	2a. Mailing Address		4, FEI Number	Applied For
21		26		NOT APPLICABLE	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & State	е	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	Intangible ☐ Yes ☐ No
24	25	29	30	Personal Property Tax. 10. Name and Address of New Registers	
·	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Register	eu Agent
CAR	LIN, PETER		_	ress (P.O. Box Number is Not Acceptable)	
14000 M-J ROAD				ress (F.O. Box Number is Not Acceptable)	
MYA	KKA CITY FL 34251		83		
			84 City	F	85 Zip Code
	to the provisions of Sections 607.05	02 and 607.1508. Florida Stat	utes, the above-named corp	poration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changing its registered
11. Pursuant					
11. Pursuant office or ragent. I a	egistered agent a both, in the State of familiar with, and accept the oblig	e of Florida. Such change was lations of Section 607.0505, F	authorized by the corporation of	ion's board of directors. I hereby accept the ap	pointment as registered
11. Pursuant office or r agent. I a SIGNATURE	of familiar with, and accept the oblig	ent and title if applicable. (NO	authorized by the corporation of	ed when reinstating) DATE	99
agent. I a	of familiar with, and accept the oblig	ations of Section 607.0505, Fig. 1. Section	ETER CAR TE: Registered Agent signature require	ad when reinstating) ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
agent. I a	Signature, typed or printed name of registered ag OFFICERS A	ent and title if applicable. (NO	TE: Registered Agent signature require	ad when reinstating) ADDITIONS/CHANGES TO OFFICERS	99
agent. I a SIGNATURE	Signature speed or printed name of registered ag OFFICERS A V CARLIN, JUDITH	ations of Section 607.0505, Fig. 1. Section	ETER CAR TE: Registered Agent signature require	ad when reinstating) ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
agent. I a SIGNATURE 12. TITLE	Signature, typed or printed name of registered ag OFFICERS A	ations of Section 607.0505, Fig. 1. Section	TE: Repistered Agent signature require 13. 1.1 TITLE	ad when reinstating) ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS 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 chapted, or on an attachment with an address, with all other like empowered.

64 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP