

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 13, 1999 8:00am  
Secretary of State

02-13-1999 90024 041 \*\*\*\*\*61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 750416

1. Corporation Name

LABELLE SWAMP CABBAGE FESTIVAL, INC.

Principal Place of Business

P.O. DRAWER 2081  
LABELLE FL 33975  
US

Mailing Address

P.O. DRAWER 2081  
LABELLE FL 33975  
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

12/31/1979

4. FEI Number

65-0150456

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

9. Name and Address of Current Registered Agent

WILKINS, JULIE C  
41 HAMPTON AVE  
LABELLE FL 33935

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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 C  
NAME WILKINS, JULIE CRAICHY  
STREET ADDRESS 41 HAMPTON AVE  
CITY-ST-ZIP LABELLE FL

☐ DELETE

TITLE S  
NAME BRANT, PATTY  
STREET ADDRESS PIONEER PLANTATION  
CITY-ST-ZIP LABELLE FL

☐ DELETE

TITLE D  
NAME HUMPHRIES, MARTHA R.  
STREET ADDRESS 450 MAIN STREET  
CITY-ST-ZIP LABELLE FL

☐ DELETE

TITLE D  
NAME MILLER, JOSEPH R JR  
STREET ADDRESS CALOSSA ESTATES DR  
CITY-ST-ZIP LABELLE FL

☐ DELETE

TITLE D  
NAME HUMPHRIES, HEIDI P  
STREET ADDRESS 450 MAIN ST  
CITY-ST-ZIP LABELLE FL 33935

☐ DELETE

TITLE VC  
NAME WILKINS, WAYNE L  
STREET ADDRESS 41 HAMPTON AVE  
CITY-ST-ZIP LABELLE FL 33935

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 617, 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/99

Date

941-675-2650

Daytime Phone #

CR2E037 (1/98)