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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 762401

1. Corporation Name

SARASOTA FRUIT AND NUT SOCIETY, INC.

	·								
Principal Place of Business Mailing Address								:	
POB 536 POB 536							1 8 1 8 1 8 1 8 1 9 1 9 1 9 1 9 1 9 1 9 1 		
NOKOMIS FL 34274 NOKOMIS FL 34274									
บร		US				; I (40)() (80)0 \$5)(4 (+2)(8)01(20)5) (10) 410 ;	14 B1911 B4851 B1814 B181		
2 Dringing D	lace of Business	2a. Mailing Address			.	Date Incorporated or Qualifed			
Ь '	lace of business	26				03/11/1982			
Suite, Apt.	# etc	Suite, Apt. #, etc.				4. FEI Number	App	lied For	
22	n, o.c.	27				59-2170207	Not	Applicable	
City & Stat	e	City & State					\$8.75 Ac	dditional	
23	-	28				5. Certifcate of Status Desired	Fee Req		
Zip	Country	Zip	Coun	try		6. Election Campaign Financing	\$5.00 h	vlay Be	
24	25	29	30			Trust Fund Contribution	Added to		
	9. Name and Address of Curren					10. Name and Address of New Register	red Agent		
			{	81	Name			÷	
RICHARD T. BUSHELL				82	Street Addres	ddress (P.O. Box Number is Not Acceptable)			
740 SUFFOLK CIRCLE				-	dilect Addic.	R Address (F.O. Box Number is Not Acceptable)			
NOKOMIS FL 34274				83					
NOROMIS FL 342/4				84	Cit.	85 Zip Code			
					City	·	=L °3 ZP C	oue	
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida Statute	s, the ab	ove	-named corpor	ration submits this statement for the purpos	e of changing its r	egistered	
office or r	egistered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was au tions of, Section 617.0503, Flori	thorized ida Statul	by t tes.	me corporation	's board of directors. I hereby accept the a	pominent as reg	IStelen	
SIGNATURE									
SIGNATURE	Signature, typed or printed name of registered ager	t and title if applicable. (NOTE:	•	gent	signature required v				
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS			
TITLE	PD	☐ DELETE	1.1 TITL	£		•	☐ Change	☐ Addition	
NAME	CANNON, BOB		1.2 NAM	ИE				7 m	
STREET ADDRESS	2011 ALLEN ST		1.3 STR	REET.	ADDRESS	•			
CITY-ST-ZIP	ENGLEWOOD FL		1.4 CIT		-ZŧP				
TITLE	VPD	☐ DELETE	2.1 TITL	E			☐ Change	☐ Addition	
NAME	WHITMAN, WILLIAM		2.2 NAN	ΜE			•		
STREET ADDRESS	= +		2.3 STR	REET	ADDRESS				
CITY-ST-ZIP	SARASOTA FL		2. 4 CIT		T-ZIP				
TITLE	VD	☐ DELETE	3.1 TITL	E.			☐ Change ~	Addition	
NAME	JANSEN, SARENA		3.2 NA	ΜE					
STREET ADDRESS	1606 KENILWORTH STREET		3.3 STF	REET	ADDRESS				
CITY-ST-ZIP	SARASOTA FL 34231	<u> </u>	3.4. ÇIT		T-ZIP				
TITLE	SD	☐ DELETE	4.1 TITL	LE			Change	☐ Addition	
NAME	LANDRY, GAIL		4. 2 NA	ME					
STREET ADDRESS	2926 YORKTOWN ST		4.3 STF	REET	ADDRESS				
CITY-ST-ZIP	SARASOTA FL		4.4 CIT	Y-ST	-ZIP		<u> </u>		
TITLE	VSD	☐ DELETÉ	5.1 TIT	LΕ			Change	☐ Addition	

NOKOMIS FL 34275 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.

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

BUSHELL, RICHARD T

740 SUFFOLK CIR

DUNLEY, ALICE

TVD

NOKOMIS FL 34275

1508 CASEY KEY ROAD

☐ Change

☐ Addition