FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

	JAL REPORT 1998	Secret	ary of State CORPORATIONS	Secretar	y of State
	MENT # FO3	` '			
HUGEH	HARLOFF PACKING,	INC.		# 1001100 #144 D\$100 1411 #400L #1141 #400	Afbil Glaif Bibil dobit bibil Bibit loss
1000					######################################
Principal Place	e of Business	Mailing Address		1 1001/30 1111 00/00 0/10/ 1050/ 9/11/ 1000	Timel Mimit Gräft Billet Millet Glåje falle
2525 17TH ST E. PALMETTO P. O. BOX 1787 PO BOX 1787 PO BOX 1787				}	
PALMETTO FL 34220		BRADENTON FL 34206-	1787	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
US		US		10/30/1980	
2. Principal Pi	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 Side Apt # etc		26 Suite Ant # ste		59-2101265	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip 24	Country	Z(p 29	Country 30	8. This corporation owes or has paid Personal Property Tax due June 3	
9, Name and Address of Current Registered Agent				10. Name and Address of New Reg	
HARLOFF, ROGER 81 Name					
8104 OAK DR			82 Street	Address (P.O. Box Number is Not Acceptable)
ELLENTON FL 34222			83		
			<u> </u>		
			84 City		FL 85 Zip Code
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 ar	n familiar with, and accept th	ne obligations of, Section 607.0505, F	lorida Statutes.		appointment as regionales
SIGNATURE	Signature, typed or printed name of regi	stered agon; and tille if applicable. (NC	TE: Registered Agent signature	required when reinstating)	DATE
12,	OFFICE	RS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	PD HADIOTE BOOFD	☐ D€LETE	1.1 TITLE	POST	Change
NAME STREET ADDRESS	HARLOFF, ROGER 8104 OAK DR		1.2 NAME 1.3 STREET AODRESS	; 	
CITY-ST-ZIP	ELLENTON FL		1.4 CITY-ST-ZIP		
TITLE	ST	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	TIPTON, JOHN A		2.2 NAME		
STREET ADDRESS	6210 GLEN ABBEY LN		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	BRADENTON FL	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME		—	3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		The str	3.4. CITY-ST-ZIP		
TITLE NAME		DELETE	4.1 TITLE 4. 2 NAME		Change Addition
STREET ADDRESS			4.2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP		_	4.4 CITY-ST-ZIP		ļ
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6 4 CITY-ST-ZIP		

14. Thereby 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.

FILED

May 15 1998 8:00am