

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

*Amended*  
(2)

DOCUMENT # F03942

1. Corporation Name: ROBINSON FRUIT HARVESTOR, INC.

Principal Place of Business: JAMES HENRY ROBINSON 12101 ORANGE AVE. FT. PIERCE, FL. 34945

Main Address: JAMES H. ROBINSON P.O. BOX 2850 FT. PIERCE, FL. 34954

99 APR -1 PM 2:15  
TALLahassee, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/31/1980  
4. FEI Number: 59-2036914 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  
8. This corporation owes the current year intangible Personal Property Tax: [ ] Yes [ ] No  
10. Name and Address of New Registered Agent

2. Principal Place of Business  
21 Suite, Apt #, etc.  
22 City & State  
23 Zip Country  
24  
2a. Mailing Address  
26 Suite, Apt #, etc.  
27 City & State  
28 Zip Country  
29  
30

9. Name and Address of Current Registered Agent  
ROBINSON, JAMES HENRY 1901 N. 13TH STREET FT. PIERCE, FL. 33450

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code FL

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 am familiar with, and accept the obligations of, Section 607.0509, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature typed or printed. Title of registered agent and state of application. (Title) Registered Agent's signature required when filing.

12. OFFICERS AND DIRECTORS

TITLE	DP	[ ] DELETE
NAME	ROBINSON, JAMES HENRY	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	[ ] Change [ ] Addition
12 NAME	
13 STREET ADDRESS	12101 ORANGE AVE. FT. PIERCE, FL 34945
14 CITY-ST-ZIP	VICE-PRESIDENT [ ] Change [X] Addition
15 TITLE	
16 NAME	LOUISE O. ROBINSON
17 STREET ADDRESS	12101 ORANGE AVE. FT. PIERCE, FL. 34945
18 CITY-ST-ZIP	[ ] Change [ ] Addition
19 TITLE	[ ] Change [ ] Addition
20 NAME	
21 STREET ADDRESS	
22 CITY-ST-ZIP	
23 TITLE	[ ] Change [ ] Addition
24 NAME	
25 STREET ADDRESS	
26 CITY-ST-ZIP	
27 TITLE	[ ] Change [ ] Addition
28 NAME	
29 STREET ADDRESS	
30 CITY-ST-ZIP	

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-04/07/99-01095-001  
\*\*\*\*\*61.25 \*\*\*\*\*61.25  
[ ] 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)(c), 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 to this address, with all other like empowered.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/99

561-466-2741

CR2E034 (11/98)