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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #

F40163

(0)

KENDRICK FRUIT HARVESTERS, INC.

|  | 1 (ABII) |
|--|----------|
|  | :        |

**FILED** Feb 02 1998 8:00am Secretary of State

| Principal Place of Business Mailing Address |  |  |                    |                    |                 | ı izəriləd iili bibil bərət iibib əlibb | HIR BION O  | All Bidii Bidii £    | BH 01011 1001                 |                             |
|---|--|--|--------------------|--------------------|-----------------|---|---|----------------------|-------------------------------|-----------------------------|
| % MARTA C KENDRICK<br>6196 5TH ST. S.W.     |  | % MARTA C KENDRIG<br>6196 5TH ST. S.W. | % MARTA C KENDRICK |                    |                 |   |   |                      |                               |                             |
| VERO BEACH                                  | 1 FL 32968   | VERO BEACH FL 329                      | 68                 |                    |                 |   | DO NOT WRITE  | E IN THIS            | S SPACE                       |                             |
|   |  |  |                    |                    |                 | 3                                       | . Date Incorporated or Qualified                                    |                      |                               |                             |
| A Driver of C                               | Place of Business  | Las Marca Applica                      |                    |                    |                 |   | 06/09/1981  |                      |                               |                             |
| <del></del>                                 | Tace of Business   | 2a, Mailing Address                    |                    |                    |                 | 4                                       | , FEI Number  |                      | <b></b>                       | pplied For                  |
| Suite, Apt.                                 | # elo  | Suite, Apt. #, etc.                    |                    |                    | <del></del>     |   | 59-2107709  |                      | <del></del>                   | ot Applicable               |
| 22  |  | 27                                     | <b></b>            |                    |                 | 5                                       | . Certificate of Status Desired                                     |                      | 4                             | Additional<br>equired       |
| City & Stat                                 | e  | City & State                           |                    |                    |                 | 6                                       | Election Campaign Financing Trust Fund Contribution                 |                      |                               | May Be<br>to Fees           |
| Zip   | Country  | Zip                                    | Col                | untry              |                 | 8                                       | . This corporation owes or has p                                    | aid the c            | urrent year In                | itangible                   |
| 24  | 25   | 29                                     | 30                 |                    |                 |   | Personal Property Tax due June                                      | e <b>30</b> .        | Yos [                         | □Ño                         |
|   | 9. Name and Address of Curre   | nt Registered Agent                    |                    | I,                 |                 | 10                                      | , Name and Address of New R   | egistered            | d Agent                       |                             |
| KE  | NORICK, MARTA C  |  |                    | 81                 | Name            |   |   |                      |                               |                             |
|   | 96 5TH ST. SW  |  |                    | 82                 | Street Ad       | ddress (                                | P.O. Box Number is Not Accepta                                      | hle)                 |                               |                             |
| VE  | RO BEACH FL 32968  |  |                    |                    |                 |   |   |                      |                               |                             |
|   |  |  |                    | 83                 |                 |   |   |                      |                               |                             |
|   |  |  |                    | 84                 | City            |   |   |                      | 85 Zip                        | Code                        |
|   |  |  |                    | "                  | City            |   |   | FI                   |                               | Code                        |
| office or r                                 | to the provisions of Sections 607.05/<br>registered agent, or both, in the State<br>of tamiliar with, and accept the oblig | e of Florida. Such change wa           | as authorize       | d by               | the corpo       | orporation's                            | on submits this statement for the board of directors. I hereby acce | purpose<br>pt the ar | of changing i<br>pointment as | ts registered<br>registered |
| SIGNATURE                                   |  |  |                    |                    |                 |   |   |                      |                               |                             |
|   | Signature, typed or printed name of registered ag  |  | NOTE Registere     | d Age              | ni signalure re |   |   | DATE                 |                               |                             |
| 12.   |  | ND DIRECTORS                           | 13.                |                    |                 |   | ADDITIONS/CHANGES TO OFFI   | CERS AN              |                               |                             |
| TITLE                                       | DP   | ☐ DELETE                               | 1,1 T              | IILE               |                 |   |   |                      | L. Change                     | ☐ Addition                  |
| NAME  | KENDRICK, MICHAEL W  |  | 12 N               | AME                |                 |   |   |                      |                               |                             |
| STREET ADDRESS                              | 6196 5TH ST. SW  |  | 1.3 \$             | TREET              | ADDRESS         |   |   |                      |                               |                             |
| CITY-ST-ZIP                                 | VERO BEACH, FL 00000   |  | 1.4 0              | IY-SI              | I - ZIP         |   |   |                      |                               |                             |
| TITLE                                       | DTS  | DELETE                                 | 2.1 T              | ITLE               |                 |   |   |                      | Change                        | Addition                    |
| NAME  | KENDRICK, MARTA C  |  | 22 N               | AME                |                 |   |   |                      |                               |                             |
| STREET ADDRESS                              | 6196 5TH ST. SW  |  |                    | 2.3 STREET ADDRESS |                 |   |   |                      |                               |                             |
| CITY-ST-ZIP                                 | VERO BEACH, FL 00000   |  |                    | ITY-S              | t-ZIP           |   |   |                      |                               |                             |
| TITLE                                       |  | ☐ DELETE                               | 3.1 T              | ITLE               | 1               |   |   |                      | ☐ Change                      | Addition                    |
| NAME  |  |  | 3.2 N              | AME                |                 |   |   |                      |                               |                             |
| STREET ADDRESS                              |  |  | 3.3 S              | TREET              | ADDRESS         |   |   |                      |                               |                             |
| CITY-ST-ZIP                                 | <b></b>  | · · · · · · · · · · · · · · · · · · ·  |                    | ITY-S              | T - ZIP         |   |   | <u>-</u> -           |                               |                             |
| TITLE                                       |  | ☐ DELETE                               | 4.1 T              | TLE                |                 |   |   |                      |                               | Addition                    |
| NAME  |  |  | 4.21               | IAME               |                 |   |   |                      |                               |                             |
| STREET ADDRESS                              |  |  | 4.3 S              | TREET.             | ADDRESS         |   |   |                      |                               |                             |
| CITY-ST-ZIP                                 |  |  | 4.4 C              | 17Y-S1             | I - ZIP         |   |   |                      |                               |                             |
| TITLE                                       |  | [_] DELETE                             | 5.1 TI             | TLE                |                 |   |   |                      | 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

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

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

ilaslas

☐ Change ☐ Addition