## 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

## FILED Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90067 039 \*\*\*150.00

DOCUMENT # <b>F45600</b> 1. Corporation Name  GOLD COAST CITRUS CARETAKING, INC.								
GOLD	OAGT GITHUS CAHETANIN	ia, iio.	•					
Principal Place	e of Business	Mailing Address			f 1984198 (11) shall artin alitt agent assets	1871 ULGIL B)B-1 U	1911 81811 1881	
4570-2ND STRE	ET	4570-2ND STREET						
BOX 572 BOX 572 VERO BEACH FL 32961 VERO BEACH FL 32961		BOX 572			DO NOT WRITE IN THIS SPACE			
VENO BENON I		VEHO DENOTTE GEGOT			3. Date Incorporated or Qualifed 09/22/1981			
2. Principal Place of Business		2a. Mailing Address 26			4. FEI Number	Ap	plied For	
					59-2139666	No	t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A			
2		27			Fee Re	<del></del>		
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees				
23	Countri		Count	7/	Trust Fund Contribution		0.0662	
Zip	Country	Zip	30	y	<ol><li>This corporation owes the current year Int Personal Property Tax.</li></ol>		□No	
24	9. Name and Address of Curre		301		10. Name and Address of New Registered	<i>_</i>		
	3. Name and Address of Carto	Trogistered Agent	8	1 Name		- <del></del>		
LEE,	WILLIAM C.		Ļ	0 01 1 0-1	(D.O. Boy Number is Not Assertable)			
4570-2ND STREET			8	2 Street Add	ress (P.O. Box Number is Not Acceptable)			
VER	O BEACH FL 32960		8	3				
			ã	4 City		85 Zip (	`ode	
				1	FL	.		
coffice or n	to the provisions of Sections 607.05 egistered agent, or both, in the State im familiar with, and accept the oblig	e of Florida. Such change was aut	thorized t	v tne corporati	poration submits this statement for the purpose of on's board of directors. I hereby accept the appoint	changing its ntment as re	registered gistered	
SIGNATURE								
SIGNATORE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE:	T	ent signature require	ed when reinstating) DATE			(0)
								×
12.	····	ND DIRECTORS	13.	<del></del>	ADDITIONS/CHANGES TO OFFICERS AN			7
TITLE	PD	ND DIRECTORS  DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTO Change	RS IN 12	144
TITLE NAME	PD LEE, WILLIAM C.		1.1 TITLE 1.2 NAM	:	ADDITIONS/CHANGES TO OFFICERS AN			144
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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, with all other like empowered.

SIGNATURE: