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

Mailing Address

WEIRSDALE FL 32195

PO BOX 401

PROFITA CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Feb 08, 1999 8:00am

Secretary of State

DO NOT WRITE IN THIS SPACE

02-08-1999 90015 023 ***150.00

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F84554

Corporation Name

Principal Place of Business

WEIRSDALE FL 32195

SE HWY 42

US

BOSIER'S FRUIT & GROVE CARE, INC.

						3. Date Incorporated or Qualifed 06/08/1982			Ì
2. Principal F	lace of Business	2a. Mailing	Address			4. FEI Number	App	lied For	١,
21		26	•			59-2205397		Applicable	Ì
Suite, Apt.	#, etc.		Apt. #, etc.			9	8.75 A	dditional	
22		27	·			5. Certificate of Status Desired	Fee Rec	uired	-
City & Stat	e	City &	State				\$5.00 N		l
23		28				Trust Fund Contribution	Added to	Fees:	
Zip	Country	Zip	r-	Cour	ntry	8. This corporation owes the current year Intangi		· •	
24 25 29				30		Personal Property Tax. ☐ Yes ☑N			
*	Name and Address of Current	Registered A	gent		04 N	10. Name and Address of New Registered Age	<u>nt</u>		
BOSIER, JAMES				į	81 Name 82 Street Adda				
	70 OE 11111 1E			Ĺ		a the control of the second of	199 - 1981 - A.	San	
WEIRSDALE FL 32195					83				1
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11. Pursuant	to the provisions of Sections 607 0502	and 607.1508	Florida Statutes	the ab	ove-named com	poration submits this statement for the purpose of cha	naina its r	eaistered	
office or i	egistered agent, or both, in the State om familiar with, and accept the obligati	of Florida. Such	change was auti	horized	by the corporation	on's board of directors. I hereby accept the appointment	ent as reg	istered	
SIGNATURE			WOTE: D	\!_ .		ad when reinstating): (1.17) DATE			
12.	Signature, typed or printed name of registered agent OFFICERS AND			13.	Agent signature require	ADDITIONS/CHANGES TO OFFICERS AND D	IDECTOR	20 IN 12	. :
TITLE	PD OFFICERS AND	DIRECTORS	☐ DELETE	1.1 TIT	E		Change	Addition	
	BOSIER, JAMES			1.2 NA					
-	POB 401/WEST HWY 42								
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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.

SIBILATURE CONTROL STREET OF DIRECTOR

1-16-99

(352) 821-4552 Daytime Phone #

:R2E034 (11/98)