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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 1. Corporation Name G45750

PINE ISLAND FARMS, INC.

FILED Jan 28, 1999 8:00am **Secretary of State**

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Principal Pla	ace of Business	М	ailing Address	· ·		-				inik ita ni a tan	I ENGIN GUBUK DI	CII DIDII BIBII IEDI
24405 SW 129 AVENUE P.O. BOX 247 GOULDS FL 33170		P.0	24405 SW 129 AVENUE P.O. BOX 247 GOULDS FL 33170				D	O NOT WRI	TE IN THI	S SPACE	•	
								Date Incorporated	or Qualifed			
2. Principal	Place of Business	22	Mailing Address					06/15/1983				
21	i idde di dusilless		. Mailing Address					FEI Number)	Applied For
Suite, Apt	t. #, etc.	26	Suite, Apt. #, etc.					59- 2324339				Not Applicable
22	,	27					5.	Certificate of Statu	s Desired			Additional Required
City & Sta	ate		City & State				6.	Election Campaign	n Financing			0 May Be
23		28				,		Trust Fund Contril				d to Fees
Zip	Country		Zip	Cor	untry		8.	This corporation o	wes the curre	ent year Ir	ntangible	
24	25	29		30				Personal Property	Tax.		☐ Yes	_ □ No
	9. Name and Address o		tered Agent		241		10.	Name and Addre	ss of New R	legistered	l Agent	
RO	WE, CHARLES R.				81	Name						
131	IO N. KROME AVE.	•		· .	82	Street Ad	ddress (P.	O. Box Number is	Not Accepta	ble)		
	MESTEAD FL 33030				83	·		- 1 - 1 - 2 - 3 - 3 - 3 - 3 - 3 - 3	स्मार्थाः स्वरंगः है। सम्बद्धाः स्वरंगः है।	RESERVATION	144 200	71.5 E-1 X-1-3 1931
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	t to the provisions of Sections	607.0502 and 60	07:1508, Florida Statu	ites, the al	bove-	named co	orporation	submits this state	ment for the			ts registered
11 Pursuant						Hames co						
						he corpora	ation's boa	ard of directors. I h	ereby accep	t the appo	intment as	registered
Collagent. I a	am familiar with, and accept the					he corpora	ation's boa	ard of directors. I h	ereby accep	t the appo	intment as	registered
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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.

6.4 CITY-ST-ZIP