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

Mailing Address

PO BOX 2549

**PROFIT** CORPORATION

Principal Place of Business

4788 N US 1



## FLORIDA DEPARTMENT OF STATE Katherine Harris

GULUEN	HAHVEST	FRUIT	CUMPANY	

ANNUAL REPORT Secretary of State 1999 **DIVISION OF CORPORATIONS** 04-20-1999 90097 001 \*\*\*150.00 DOCUMENT # 1. Corporation Name

## Apr 20, 1999 8:00 am Secretary of State



FT. PIERCE FL 34946 US		FT, PIERCE FL 34954 US			DO NOT WRITE IN THIS SPACE					
		03				3. Date Incorporated or Qualifed				
2 0-1-1-10		2a. Mailing Address				02/25/198 4. FEI Number	<u> </u>			Applied For
	ace of Business	<b>⊢</b> •			}		4		$\rightarrow$	Not Applicable
21 Suite Ant	# ato	Suite, Apt. #, etc.			+	<u>59-256787</u>	<u> </u>		\$8.7	
¬ · · · · · · · · · · · · · · · · · · ·		1	5. Certificate of Status Desired Fee Required							
22 City & State		27	==			6. Election Cam	Salan Elada			0 May Be
·		28			}	Trust Fund Co	-	'' <sup>9</sup> 🗆		ed to Fees
23 Zip	Country	Zip	Count	rv		8. This corporati		ourrent waar In		20 10 1 225
24]	[25]	29 30	_	.,		Personal Pro		curent year in	x Yes	□No
	9. Name and Address of Current	<del></del>	<u>.                                      </u>	***		10. Name and A	<del></del>	w Registered		
			18	1 Name			<del></del>			
BAS	S, R. DALE					s, R. Da				
	OLD EDWARDS RD					Idress (P.O. Box Number is Not Acceptable) 3686 Andrews Ave				
	IERCE FL 34981		8	3	000	O MIGIE	13 AVC			
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			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	4 City	77	. 54	-	FL	85 Z	ip Code 34954
<del></del>				<u> </u>		t Pierce				
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with and accept the obligat	of Florida. Such change was auth	orized t	v the como	corpora oration's	s board of director	s. I hereby a	ccept the appo	intment as	registered
SIGNATURE	Khhli Bus	R. Dal	Le B			sident en reinstatung)	Ap	ril 16	, 199	99
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CI	IANGES TO	OFFICERS A	ND DIREC	TORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE		P/D	1			Chang	ge 🗌 Addition 🕽
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CITY-ST-ZIP	FT PIERCE FL		1.4 CITY	-ST-ZIP		t Pierce		34954		
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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.

RR Obale Bass, President