## 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 # H51818

(3)

**GOLDEN HARVEST TRUCK BROKERAGE COMPANY** Principal Place of Business Mailing Address 4788 NORTH U.S. 1 4788 NORTH U.S. 1 P O BOX 2549 P O BOX 2549 DO NOT WRITE IN THIS SPACE FORT PIERCE FL 34954 FORT PIERCE FL 34946 3. Date Incorporated or Qualified 04/05/1985 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2556034 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible Yes 24 25 30 Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent BASS, R. DALE 3091 OLD EDWARDS RD. Street Address (P.O. Box Number is Not Acceptable) FT. PIERCE FL 34981 83 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typod or printed name of registered agent and the if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Addition Change DELETE 1.1 11TLE TITLE BASS, R. DALE 1.2 NAME NAME 3091 OLD EDWARDS RD. STREET ADDRESS 1.3 STREET ADDRESS FT. PIERCE FL 1.4 CITY-\$1-ZIP CITY-ST-ZIP Addition DELETE Change TITLE 2.1 TITLE BASS, DIANNA L. NAME 3091 OLD EDWARDS RD. 23 STREET ADDRESS STREET ADDRESS FT. PIERCE FL 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 31 TITLE TITLE NAME 32 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP Change Addition ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-7/P 4.4 CITY - ST - ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE **6.1 TITLE** TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 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 chapted in address.

INNUA ROSS 4-17-98 461-666

**FILED** 

Apr 23 1998 8:00am

Secretary of State