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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **J38101**

1. Corporation Name
FLORIDA SPECIALTIES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 13855 SW 252ND ST
 P.O. BOX 1289 (HOMESTEAD, FL 33090)
 PRINCETON FL 33032
 US

Mailing Address
 PO BOX 901289
 HOMESTEAD FL 33090-8289
 US

3. Date Incorporated or Qualified
10/13/1986

2. Principal Place of Business
 21 **601 E. Main Street**

2a. Mailing Address
 26 **P. O. Box 3540**

4. FEI Number
59-2733537

Applied For
 Not Applicable

Suite, Apt. #, etc.
 22

Suite, Apt. #, etc.
 27

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State
 23 **Immokalee, FL**

City & State
 28 **Immokalee**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip Country
 24 **34142** 25 **Collier**

Zip Country
 29 **34143** 30 **Collier**

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOINER JR, JAMES B
 13855 SW 252 ST
 HOMESTEAD FL 33032

81 Name
James B. Joiner, Jr.

82 Street Address (P.O. Box Number is Not Acceptable)
601 E. Main Street

83

84 City
Immokalee **FL** 85 Zip Code
34142

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *James B. Joiner Jr.*

President

3/25/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** DELETE
 NAME **JOINER, JAMES B.**
 STREET ADDRESS **29690 S.W. 183RD ST.**
 CITY-ST-ZIP **HOMESTEAD FL**

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS **20001 S.W. 344 Street**
 1.4 CITY-ST-ZIP **Homestead, FL 33034**

TITLE **D** DELETE
 NAME **LEE, KAY**
 STREET ADDRESS **477 BAHIA AVE PO BOX 2549**
 CITY-ST-ZIP **KEY LARGO FL**

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE **STD** DELETE
 NAME **GRAVES, KENNETH**
 STREET ADDRESS **19370 S.W. 280TH ST.**
 CITY-ST-ZIP **HOMESTEAD FL**

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE **VD** DELETE
 NAME **HAGAN, MARSHALL**
 STREET ADDRESS **14540 S W 136TH STREET**
 CITY-ST-ZIP **MIAMI FL**

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE **D** DELETE
 NAME **SMITH, ROY L**
 STREET ADDRESS **POST OFFICE BOX 662 N/A**
 CITY-ST-ZIP **AMERICUS GA 31709**

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *James B. Joiner Jr.* President

3/25/99

(941)657-2227

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)