

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90081 036 ***150.00

0465103

DOCUMENT # J84639

1. Corporation Name

IMMOKALEE AGRICULTURAL WORKERS I.D., INC.

Principal Place of Business

201 N. FIRST ST.
IMMOKALEE FL 34142
US

Mailing Address

201 N. FIRST ST.
IMMOKALEE FL 34142
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/23/1987

4. FEI Number

59-2829391

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

Trust Fund Contribution

8. This corporation owes the current year Intangible

Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 111 East Main St.

Suite, Apt. #, etc.

22

City & State

23 Immokalee Fl

Zip

24 34142

Country

25 US

2a. Mailing Address

26 111 East Main St.

Suite, Apt. #, etc.

27

City & State

28 Immokalee

Zip

29 34142

Country

30 US

9. Name and Address of Current Registered Agent

JOHNSON, RICHARD
1300 FORRESTER AVE
IMMOKALEE FL 34142

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME JOHNSON, RICHARD
STREET ADDRESS 1300 FORRESTER AVE
CITY-ST-ZIP IMMOKALEE FL

TITLE ST ☐ DELETE

NAME WINTERS, ANN
STREET ADDRESS 201 N. FIRST ST.
CITY-ST-ZIP IMMOKALEE FL

TITLE D ☐ DELETE

NAME WILLIAMS, JAMES JR.
STREET ADDRESS 201 N. FIRST ST.
CITY-ST-ZIP IMMOKALEE FL

TITLE D ☐ DELETE

NAME NEWSOME, BOBBY
STREET ADDRESS 201 NORTH FIRST STREET
CITY-ST-ZIP IMMOKALEE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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: *Ann Winters* Ann Winters

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 1-14-99

Date

X 941-657-5207

Daytime Phone #

CR2E034 (11/98)