

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

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90053 034 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **K49185**

1. Corporation Name
APRILE FARMS, INC.



Principal Place of Business: 6704 DRIFTING SANDS RD. TEMPLE TERRACE FL 33617
 Mailing Address: 6704 DRIFTING SANDS RD. TEMPLE TERRACE FL 33617

DO NOT WRITE IN THIS SPACE

change to: ↓
 2. Principal Place of Business: 21 **7810 Hidden Island Ln.**
 Suite, Apt., #, etc.: **Temple Terrace, Fl.**
 City & State: **Hills.**
 Zip: **33617** Country: **FL**

change to: ↓
 2a. Mailing Address: 26 **7810 Hidden Island Ln.**
 Suite, Apt., #, etc.: **Temple Terrace, Fl.**
 City & State: **Hills.**
 Zip: **33617** Country: **FL**

3. Date Incorporated or Qualified: **12/05/1988**

4. FEI Number: **59-2925655** 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

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

9. Name and Address of Current Registered Agent: **APRILE, DANIEL T.**
~~6704 DRIFTING SANDS RD.~~ **7810 Hidden Island Lane**
~~TEMPLE TERRACE FL 33617~~ **Temple Terrace, Fl. 33617**

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code **FL**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	APRILE, JOSEPH V.	1.2 NAME	
STREET ADDRESS	1112 W. RIVER DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TERRACE FL	1.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	APRILE, DANIEL T.	2.2 NAME	
STREET ADDRESS	6704 DRIFTING SANDS RD. 7810 Hidden Island Lane	2.3 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TERRACE FL Temple Terrace, Fl.	2.4 CITY-ST-ZIP	
TITLE	DTS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	APRILE, RONALD D.	3.2 NAME	
STREET ADDRESS	9225 KINDSRIDGE DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TERRACE FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Daniel T. Aprile* **Daniel T. Aprile** **UIRED**
 Daniel T. Aprile
 Date: **3/13/99** Daytime Phone #: **(813)985-6914**

CR2E034 (11/98)