## 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** Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90053 034 \*\*\*150.00

## DOCUMENT # K49185 1. Corporation Name

<b>APRI</b>	LE.	FAF	RMS,	INC
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APRILE !	FARMS, INC.							
						918 (1918) (1918) <b>9</b>	101 BLOW 1881	
Principal Place		Mailing Address						
6704 DRIFTING SANDS RD. 6704 DRIFTING SANDS RD. TEMPLE TERRACE FL 33617 TEMPLE TERRACE FL 33617								
TEMPLE TEMPLE	10E 1 E 00011	,			DO NOT WRITE IN TH	S SPACE		,
alesa	1 to 1	change to	$: \bigvee_{i \in I} \mathcal{A}_{i}$		3. Date Incorporated or Qualifed			ĺ
Chang	¥ 10,10			<u> </u>	12/05/1988	- I I -	21 1 1 1 1 1 1 1	
$\Box$	lace of Business	2a. Mailing Address	1. +	d	4. FEI Number	<u> </u>	olied For Applicable	i
21 78/0	Hidden Island In.	26 )8 /	en L	sjana zr	2 59-2925655	\$8.75 A	<del></del>	ĺ
Suite, Apt.	$\mathcal{F}$	27 Lemole Terrac	n 1	<i>[]</i> ,	5. Certifcate of Status Desired	Fee Re		ĺ
22 / 2017/ City & State	<del></del>	City & State	<del>y /</del>		6. Election Campaign Financing	\$5.00	May Be	ļ
23 376/	7Hilk.	28 33/5/7	— <i>H</i> i	//s,	Trust Fund Contribution	Added to		
Zip	Country	Zip	Cour	ntry	8. This corporation owes the current year I	ntangible		
24	25	29	30		Personal Property Tax.	<i>y</i>	□No	
	9. Name and Address of Current I	Registered Agent			10. Name and Address of New Registere	d Agent		1
ADD	ile, daniel t.	11 1		81 Name				
APRI	ILE, DANIEL T. I DRIFTING SANDS RD. 78/0 PLE TERRAGE FL-33617 Temp	Hidden Lsla	nd	82 Street Add	ress (P.O. Box Number is Not Acceptable)		1	
_TEM	PLE TERRACE EL 32617	1-Tomas E/3	ne	92				
-1511	TE TEMPOLIE SOOT /2mp	ve izrrace, P1.3.	36//	83				
				84 City	F	85 Zip C	ode	
44 Diversiont	to the provisings of Sections 607 0502	and 607 1508. Florida Statute	e the ah	ove-named corr	poration submits this statement for the purpose	of changing its	registered	
office or r	edistered agent or both in the State of	Florida, Such change was at	itnonzea	by the corporati	on's board of directors. I hereby accept the app	ointment as reg	jistered	
	m familiar with, and accept the obligation	ins of, Section 607.0505, Flor	ida Statu	les.				
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered a	Agent signature require	ad when reinstating) DATE			<u>ا</u>
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS			(00)
TITLE	DP	☐ DELETE	1,1 111	LE		Change	☐ Addition	3
NAME	APRILE, JOSEPH V.		1.2 NA	ME				Š
STREET ADDRESS	1112 W. RIVER DR.		1.3 STI	REET ADDRESS				ļ
CITY-ST-ZIP	TEMPLE TERRACE FL		_	Y-ST-ZIP			<b>—</b>	ļ
TITLE	DV	☐ DELETE	2.1 111			Change	Addition	`
NAME	APRILE, DANIEL T.	un Hidden Islam	2.2 NA				ļ	
STREET ADDRESS	1 APRILE, DANIEL 1. 10704 DRIPTING SANDS RD: 78 TEMPLE TERRACE FL Temp	1 T	2.3 ST	REET ADDRESS				
CITY-ST-ZIP	<del>                                    </del>							
				TY-ST-ZIP		Channe	Addition	ł
TITLE	DTS	DELETE □ DELETE	3.1 TIT	LE		☐ Change	Addition	
TITLE	DTS _APRILE, RONALD.D.		3.1 TIT	LE ME		Change	Addition	_
TITLE  NAME  STREET ADDRESS	DTS Aprile, ronald.d. 9225 Kindsridge Dr.		3.1 TIT . 3.2 NA 3.3 STI	LE ME		Change	Addition	_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS _APRILE, RONALD.D.	□ belete	3.1 TTT 3.2 NA 3.3 STI 3.4. CT	LE ME REET ADORESS IY+ST-ZIP		☐ Change	Addition Addition	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	DTS Aprile, ronald.d. 9225 Kindsridge Dr.		3.1 TTT - 3.2 NA 3.3 STI 3.4. CT 4.1 TTT	LE ME REET ADORESS TY-ST-ZIP LE				-   
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DTS Aprile, ronald.d. 9225 Kindsridge Dr.	□ belete	3.1 TIT 3.2 NA 3.3 STI 3.4 CII 4.1 TIT 4.2 NA	LE ME REET ADORESS IY-ST-ZIP LE				-       
TITLE  NAME  STREET ADORESS  CITY-ST-ZIP  TITLE  NAME  STREET ADORESS	DTS Aprile, ronald.d. 9225 Kindsridge Dr.	□ belete	3.1 TIT 3.2 NA 3.3 STI 3.4 CIT 4.1 TIT 4.2 NA 4.3 STI	ME				-
TITLE  NAME  STREET ADORESS  CITY-ST-ZIP  TITLE  NAME  STREET ADORESS  CITY-ST-ZIP	DTS Aprile, ronald.d. 9225 Kindsridge Dr.	□ belete	3.1 TIT 3.2 NA 3.3 STI 3.4 CI 4.1 TIT 4. 2 NA 4.3 STI 4.4 CIT	ME				
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	DTS Aprile, ronald.d. 9225 Kindsridge Dr.	☐ DELETE	3.1 TIT 3.2 NA 3.3 STI 3.4 CIT 4.1 TIT 4.2 NA 4.3 STI	ILE  ME  REET ADORESS  IY-ST-ZIP  LE  ME  REET ADORESS  Y-ST-ZIP  LE		☐ Change	☐ Addition	
TITLE  NAME  STREET ADORESS  CITY-ST-ZIP  TITLE  NAME  STREET ADORESS  CITY-ST-ZIP	DTS _APRILE, RONALD.D. 9225 KINDSRIDGE DR. TEMPLE TERRACE FL	☐ DELETE	3.1 TIT	ILE  ME  REET ADORESS  IY-ST-ZIP  LE  ME  REET ADORESS  Y-ST-ZIP  LE		☐ Change	☐ Addition	

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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**SIGNATURE:** 

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

Change

Addition