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PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # K53552



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90035 009 ***150.00

R & B FARMS, INC		-				
Principal Place of Business	Mailing Address				#1911 B)#13 B1911 B)	#1 01911 B1811 1891
C/O ARTHUR R. WINTLE. JR. 3916 CLEVELAND AVE. FT. MYERS FL 33901-8603 C/O ARTHUR R. WINTLE. JR. 3916 CLEVELAND AVE. FT. MYERS FL 33901-8603 FT. MYERS FL 33901-8603		ì .		DO NOT WRITE IN	THIS SPACE	
			-	3. Date Incorporated or Qualifed 12/23/1988		
2. Principal Place of Business	2a. Mailing Address			4. FEI Number		Applied For
	h			65-0089105	<u></u>	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.				\$8.7	5 Additional
22	27			5. Certificate of Status Desired .		Required ·
City & State	City & State			6. Election Campaign Financing	\$5.0	00 May Be
23	28			Trust Fund Contribution		ed to Fees
Zip Country	Zip	Country	/	8. This corporation owes the current ye	ear Intangible	
24 25	29 3	10		Personal Property Tax.	☐Yes	□No
9. Name and Address of Current	Registered Agent			10. Name and Address of New Regis	tered Agent	
		81	Name	•		
Wintle, arthur R., Jr 3916 Cleveland Ave		82	Street Add	ress (P.O. Box Number is Not Acceptable)		
FT. MYERS FL 33901		83			,_,_	
		84	City		FL 85 Z	ip Code
agent. I am familiar with, and accept the obligation	ons of, Section 607.0505, Florid	da Statutes	s.	poration submits this statement for the purp- ion's board of directors. I hereby accept the	,	- 1
SIGNATURE Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered Age	· ·	ed when reinstating) Di	ATE	
SIGNATURE Signature, typed or printed name of registered agent 12. OFFICERS AND	and title if applicable. (NOTE: F	Registered Age	· ·		ATE RS AND DIREC	CTORS IN 12
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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:

CITY-ST-ZIP