

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K54767 (4)**
1. Corporation Name
ALTURAS PLANTING ENTERPRISES, INCORPORATED



Principal Place of Business
**1987 HIGHWAY 17, SOUTH
POST OFFICE DRAWER 906
BARTOW FL 33830
US**

Mailing Address
**1987 HIGHWAY 17, SOUTH
POST OFFICE DRAWER 906
BARTOW FL 33830
US**

3. Date Incorporated or Qualified 12/30/1988	3a. Date of Last Report 04/21/1995
4. FEI Number 59-2919826	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

**SUTHERLAND, TED R.
1987 HWY. 17, SOUTH
BARTOW FL 33830**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 of person authorized to execute this report

Signature of Registered Agent, if different from person

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	☐ DELETE		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		2. TITLE 3. NAME 4. STREET ADDRESS 5. CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		3. TITLE 4. NAME 5. STREET ADDRESS 6. CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		4. TITLE 5. NAME 6. STREET ADDRESS 7. CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		5. TITLE 6. NAME 7. STREET ADDRESS 8. CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		6. TITLE 7. NAME 8. STREET ADDRESS 9. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 it 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.

SIGNATURE:

Ted R. Sutherland
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/96 (941) 534-3131

CR2E034 (12/95)