PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Feb 06, 1999 8:00am

Secretary of State

02-06-1999 90025 030 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K82561

CITY-ST-ZIP

SONNY'S GRADER SERVICE OF IMMOKALEE, INC.

	ce of Business	Mailing Address						
C/O MARION	HUST	C/O MARION HUST						
HWY 29. BOX		HWY 29. BOX 43			·			
FELDA FL 339	930	FELDA FL 33930				DO NOT WRITE IN TH	IIS SPACE	
						3. Date Incorporated or Qualifed		
•						04/24/1989		
2. Principal l	Place of Business	2a. Mailing Address				4. FEI Number	· [Applied For
21		26					· ·	
Suite, Apt	t # ata	T-+1				65-0116885		Not Applicable
	i. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		5 Additional
22		27	· · · · · · · · · · · · · · · · · · ·				Fee	Required
City & Sta	ate	City & State				6. Election Campaign Financing	\$5.0	0 May Be
23	·	28				Trust Fund Contribution	Adde	ed to Fees
Zip	Country	Zip	Count	ry	•	8. This corporation owes the current year	Intangible	
24	25	29	30			Personal Property Tax.	Yes	XNo
	9. Name and Address of Current	Registered Agent	T			10. Name and Address of New Registere	d Agent	
	14 (ALAMO)	· · · · · · · · · · · · · · · · · · ·	8	11 1	Name			
HU:	ST MARION		L			· · · · · · · · · · · · · · · · · · ·		
O HIG	HWAY 29 EN 38 % CL CA AS	EXIKACEL DA	8	2 8	Street Addres	ss (P.O. Box Number is Not Acceptable)		
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FEL	DA FL 33930 .	•	8	3		· 计算数据的编数数据数据		
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			°	~ `	City	· F	85 Zi	ip Code
11. Pursuan	t to the provisions of Sections 607 0502	and 607 1508; Florida Statut	es, the abo	ve-n	amed cornor	ation submits this statement for the purpose	of changing	its registered
office or	registered agent, or both, in the State of	f Florida. Such change was a	uthorized b	y the	e corporation	's board of directors. I hereby accept the app	ointment as	registered
El Cagent. I a	am familiar with, and accept the obligation	ons of, Section 607.0505, Flo	rida Statute	98.		•		
SIGNATURE	i							4.
	Signature, typed or printed name of registered agent			jent sig	gnature required w		. *	***
12.	OFFICERS AND	DIRECTORS	13.		gnature required w	when reinstating)	 	
12. TITLE	OFFICERS AND				gnature required w		AND DIREC	
	OFFICERS AND	DIRECTORS	13.		gnature required w	ADDITIONS/CHANGES TO OFFICERS	 	
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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.

941-675-0286