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**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # L85617

HICKORY HILL CITRUS NURSERY, INC.

Principal Place	e of Business	Ma	ailing Address				-	MAN IBIAN ANNA ANSAR	IIIII TEDI ALBII BI		#1411 #1#11 18#1
620 S.R. 542		PO	OFFICE 209							•	
SUITE B		LAKE WALES FL 33859-0209				DO NOT WRITE IN THIS SPACE					
DUNDEÉ FL 33838 US		us				3. Date incorporated or Qualifed					
03							07/02/19		_		l
2. Principal P	lace of Business	2a.	Mailing Address		_		4. FEI Number			A	pplied For
21		26	J. 100				59-30229	46		l N	lot Applicable
Suite, Apt.	#, etc.	1201	Suite, Apt. #, etc.		_			•	П	\$8.75	Additional
22		27					5. Certificate of	Status Desired		Fee R	lequired
City & Stati	e		City & State	-			6. Election Car	mpaign Financin	9 🗇		May Be
23		28						Contribution			to Fees
Zip	Country		Zip	Cou	ntry			ation owes the cu	irrent year inta		п.
24	25	29		30			Personal Pr		. Danistana	Yes	□No
	9. Name and Address of Curre	nt Regis	tered Agent		81 Nan			Address of New	Registered A	Agent	
***	MATA A MICHAEL				Ma	chat.	a, A. Micl	hael			
MACHATA, A MICHAEL 1011 CODY VILLA LOOP RD							ss (P.O. Box Nun		otable)		
, ,,,	SON PARK FL 33827					3 E.	Sessoms	Ave			
DAID	5014 PARK FE 53021				83						
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44.5	to the provisions of Sections 607.050	00	07 1509 Florido Statu	itan tha al	no no no no	od como	ration cubmits this	s statement for th	e nurnose of	changing it	s registered
office or r	enistered agent or both in the State	of Florid	ia. Such change was a	autnonzeo	nv ine co	rporation	n's board of direct	ors. I hereby acc	ept the appoir	ntment as r	egistered
agent. I a	m familiar with, and accept the obliga	ations of,	Section 607.0505, Fk	orida Statu	ites.						
SIGNATURE			Chiadhanhla (MOT	'C: Danistand	A nt rignati	ra raccilrad	when reinstation)		DATE		
	Signature, typed or printed name of registered age				Agent signatu	re required	when reinstating)	CHANGES TO C	DATE OFFICERS AN	D DIRECT	ORS IN 12
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14. I hereby certify that the information supplied with this filling 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 supplementer 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 or an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP