


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90071 021 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L98989

1. Corporation Name

J & G HARVESTING, INC.

Principal Place of Business

7884 SW INDIAN MOUND RD
ARCADIA FL 34266
US

Mailing Address

7884 SW INDIAN MOUND RD.
ARCADIA FL 33821
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 1523 Highway 17 S.

Suite, Apt. #, etc.

22

City & State

23 Arcadia, Florida

Zip Country

24 34266

25 USA

2a. Mailing Address

26 1528 Highway 17 S.

Suite, Apt. #, etc.

27

City & State

28 Arcadia, Florida

Zip Country

29 34266

30 USA

9. Name and Address of Current Registered Agent

GASKINS, PATRICIA
7884 SW INDIAN MOUND RD
ARCADIA FL 33821

3. Date Incorporated or Qualified

09/04/1990

4. FEI Number

65-0214425

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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
1528 Highway 17 S.

83

84 City
Arcadia

FL

85 Zip Code
34266

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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, typed or printed name of registered agent, and title if applicable.

(NO) E: Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE
D
NAME
GASKINS, PATRICIA
STREET ADDRESS
7884 SW INDIAN MOUND RD.
CITY-ST-ZIP
ARCADIA FL

TITLE
VP
NAME
GASKINS, GREGORY B
STREET ADDRESS
78804 SW INDIAN MOUND RD
CITY-ST-ZIP
ARCADIA FL

☐ DELETE

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☒ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1528 Highway 17 S.
1.4 CITY-ST-ZIP
Arcadia, Florida 34266

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
121 Dolly Street
2.4 CITY-ST-ZIP
Punta Gorda, Florida 33950

☒ Change ☐ Addition

☐ Change ☐ Addition

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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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Patricia M. Gaskins*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/99 *941-494-1222*
Date Daytime Phone #

CR2E034 (11/98)