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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M65521 1. Corporation Name

Principal Place of Business

STREET ADDRESS

CITY-ST-ZIP

FLATWOODS CITRUS GROVES, INC.

PO BOX 280 891 DEVILS GARDEN RD.		P.O. DRAWER 2310						
LABELLE FL 3		LABELLE FL 33935 US			тои од	WRITE IN THIS	SPACE	
Chocce 12 of		00			3. Date Incorporated or Qua			
					01/22/1988			
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number			Applied For
21		26	26		65-0026658	•		Not Applicable
Suite, Apt.	. #; etc.	Suite, Apt. #, etc.						Additional
22		27			5. Certificate of Status Desire	ed · 🔲	•	Required
City & Stat	te	City & State			6. Election Campaign Finance	sina	\$5.0	0 мау Ве
23		28			Trust Fund Contribution	.		d to Fees
Zip	Country	Zip	Country	/	8. This corporation owes the	current year Int	angibje	
24	25		10		Personal Property Tax.		Yes	□Ñö
	9. Name and Address of Current	Registered Agent			10. Name and Address of N	ew Registered	Agent	
DO A	NODWAN THOUSANDER MANAGER		81	Name				
	ARDMAN, THOMAS K. DEVILS GARDEN DR		82 Street Add		Iress (P.O. Box Number is Not Acceptable)			
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LAD	ELLE PL 33933		83	1				
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office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State our familiar with, and accept the obligation	and 607.1508, Florida Statutes f Florida. Such change was aut	s, the abov horized by	e-named cor the corporat	poration submits this statement for tion's board of directors. I hereby a	the purpose of eccept the appoi	changing i ntment as i	ts registered registered
ASS agenti. La	im familiar with, and accept the obligation	ons of, Section 607.0505, Florid	da Statutes	š.				
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	legistered Age	nt signature requir	red when reinstating)	DATE	····	<u> </u>
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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.

6.4 CITY+ST-ZIP

FILED

Feb 11, 1999 8:00am

Secretary of State

02-11-1999 90003 001 ***150.00