


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 29, 1999 8:00 am
Secretary of State

07-29-1999 90018 039 ***550.00

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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 # **P92000012776**

1. Corporation Name

B & D FARMS OF IMMOKALEE, INC.

Principal Place of Business

808 E. MAIN ST
IMOKALEE FL 33934
US

Mailing Address

P.O. BOX 5308. N/A
IMOKALEE FL 33934
US

598287 - 90018 - 39



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/14/1992

4. FEI Number

65-0380232

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Election Campaign Financing



\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property.



Yes



No

2. Principal Place of Business

21 306 E. Main Street
Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

23 Immokalee, FL

City & State

28

Zip Country

24 34142

25 USA

Zip Country

29

30

9. Name and Address of Current Registered Agent

O'QUINN, JAMES W
808 EAST MAIN ST.
IMMOKALEE FL 33934

10. Name and Address of New Registered Agent

81 Name **JAMES W. O'QUINN**

82 Street Address (P.O. Box Number is Not Acceptable)
306 E. MAIN STREET

83

84 City **IMMOKALEE**

FL

85 Zip Code **34142**

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, 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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE
NAME **O'QUINN, JAMES W**
STREET ADDRESS **808 E. MAIN ST**
CITY-ST-ZIP **IMMOKALEE FL 33934**

TITLE **DST** ☐ DELETE
NAME **O'QUINN, APRIL M**
STREET ADDRESS **808 E. MAIN ST**
CITY-ST-ZIP **IMMOKALEE FL 33934**

TITLE **DS** ☐ DELETE
NAME **ST JOHN, KRISTA S**
STREET ADDRESS **808 E. MAIN ST**
CITY-ST-ZIP **IMMOKALEE FL 33934**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DP** ☒ Change ☐ Addition
1.2 NAME **O'QUINN, JAMES W.**
1.3 STREET ADDRESS **306 E. MAIN STREET**
1.4 CITY-ST-ZIP **IMMOKALEE, FL 34142**

2.1 TITLE **DST** ☒ Change ☐ Addition
2.2 NAME **O'QUINN, APRIL M**
2.3 STREET ADDRESS **306 E. MAIN STREET**
2.4 CITY-ST-ZIP **IMMOKALEE, FL 34142**

3.1 TITLE **DS** ☒ Change ☐ Addition
3.2 NAME **ST JOHN, KRISTA S**
3.3 STREET ADDRESS **306 E. MAIN STREET**
3.4 CITY-ST-ZIP **IMMOKALEE, FL 34142**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE:  **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 8, 1999

Date

(941) 657-4114

(941) 657-5275

Daytime Phone #

CR2E034 (5/99)