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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P93000025513 (1)

1. Corporatio	n Name	,,,				
DF ENTERPRISES OF IMMOKALEE, INC.						
						]][ <b>]</b>
Principal Plac	e of Rusiness	Mailing Address			-	
Principal Place of Business Mailing Address 6315 PEPPER RD 6315 PEPPER RD						
IMMOKALEE FL 33934 IMMOKALEE FL 33934					50 1107 110175 111	TI IIO 00405
					DO NOT WRITE IN  3. Date Incorporated or Qualified	THIS SPACE
					04/02/1993	
2. Principal Place of Business 2a. Mailing Address					4, FEI Number	Applied For
21		26	26		65-0439777	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		City & State	City & State		Election Campaign Financing	\$5.00 May Be
23		28	<del>                                     </del>		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	-, ` <del> ,</del> `		8. This corporation owes or has paid the current year intangible	
24	24 25 29 29 9. Name and Address of Current Registered Ag		30	Personal Property Tax due June 30.  Yes No  10. Name and Address of New Registered Agent		
112	<del>``</del> .	teur vedikreten Wantr	81 1	Vame	IV. Harrie attu Address di New Negis	tered Agent
HEARN, GENE 6315 PEPPER RD IMMOKALEE FL 33934			82 5	Stroot Addro	ss (P.O. Box Number is Not Acceptable)	
			02	olieel Woole	ss (F.O. Box Number is Not Acceptable)	
			83			
			84 (	84 City B5 Zip Code		85 Zip Code
44 Durations	to the provisions of Coolings 607/	2602 and 607 1609 Florida Statut	as the above n	amad carno	vation submits this statement for the nurr	
office or r	egistered agent, or both, in the St m lamiliar with, and accept the ob	ate of Florida. Such change was a	authorized by th	ne corporatio	oration submits this statement for the purpon's board of directors. I hereby accept the	e appointment as registered
SIGNATURE	intigitima with and accept the or	ingations of, dection out to thouse, it is	orida otalolos.			
	Signature, typed or printed name of registered	***************************************	E: Registered Agent s	signature required		DATE
12.	OFFICERS :				ADDITIONS/CHANGES TO OFFICER	Change Addition
NAME	BECK, PAUL	C) Detects	1,1 TITLE 1.2 NAME			
STREET ADDRESS	RT. 6 BOX 775		1.3 STREET ADDRESS			
CITY-ST-ZIP	OKEECHOBEE FL 34974		1.4 CITY-ST-ZIP			
TITLE	D	☐ DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME	HEARN, GENE		2.2 NAME			
STREET ADDRESS	6315 PEPPER RD		2.3 STREET AD			
CITY-ST-ZIP TITLE	IMMOKALEE FL 33934	DELETE	2.4 CITY-ST-ZIP 3.1 TITLE			Change Addition
NAME			3.2 NAME			<b>,</b>
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-	ZIP		
TITLE		☐ DELET <b>E</b>	4.1 TITLE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS 4.4 CITY - ST - ZIP			
CITY-ST-ZIP TITLE	<u> </u>	DELETE	5.1 TRLE	ar .		Change Addition
NAME			5.2 NAME			<u>. —</u>
STREET ADDRESS		5.		DRESS	·	
CITY-ST-ZIP			5.4 CITY - ST - Z	TIP		
TITLE	· · · ·	☐ DELETE	6.1 TITLE			Change Addition
NAME		6.2 NAME				
STREET ADDRESS	ı		6.3 STREET AD	DRESS		

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.

CICNIATURE.

2-2-98 (au) 657-6517

**FILED** 

Feb 23 1998 8:00am

Secretary of State