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

26

Suite, Apt. #, etc.

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000077211

1. Corporation Name

Cuito Ant # oto

21

A & J HARVESTING INC.

02-02-1999 90028 044 \*\*\*150.00

65-0447623

**FILED** 

Feb 02, 1999 8:00am

**Secretary of State** 

Mailing Address Principal Place of Business 1905 RIGDON RD 1905 RIGDON RD WAUCHULA FL 33873 WAUCHULA FL 33873 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 11/01/1993 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable

_	Suite, Apr. #, 8to.	<u> </u>				5. Certificate of Status Desired Fee Required	
22		City & State			-	6. Election Campaign Financing \$5.00 May Be	
	City & State	28				Trust Fund Contribution Added to Fees	
23	Zip Country	Zip	Country			8. This corporation owes the current year Intangible Personal Property Tax.	
24	9. Name and Address of Curre	29 29 Agent	30	T -	<u></u>	10. Name and Address of New Registered Agent	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			81	Name		
JAIMES, ANGEL RT. 1; BOX-136 JB WAUCHULA FL 33873				82	Street Add	ddress (P.O. Box Number is Not Acceptable)	<u></u> -
				83			
ļ		•		84	City	85 Zip Code	٠.

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.

(NOTE: Registered Agent signature required when reinstating); Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ DELETE 1.1 TITLE TITLE 1.2 NAME JAIMES, ANGEL NAME 1.3 STREET ADDRESS **ROUTE 1.BOX 136** STREET ADDRESS WAUCHULA FL 33873 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP □ Addition Change DELETE 3.1 TITLE 32 NAME 於當事 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 37 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE 6.1 TITLE -TITLE RECEIVED FOR 6.2 NAME NAME 6.3 STREET ADDRESS 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 Irustee 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.

SIGNATURE:

CR2E034 (11/98)

\$8.75 Additional