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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9400063776 1. Corporation Name

REDLAND CUSTOM HARVESTING & PACKING, INC.

.

Principal Place of Business 27232 S. DIXIE HIGHWAY NARANIA FI 33032 Mailing Address

P.O. BOX 2162 NARANJA FL 3303

## FILED Jan 22, 1999 8:00am Secretary of State

01-22-1999 90045 033 \*\*\*158.75



NARANJA FL 33032	UA FL 33032		DO NOT WRITE IN THIS SPACE	
			3. Date Incorporated or Qualifed 08/30/1994	
2a. Mailing Address			4. FEI Number	Applied For
26			65-0522600	Not Applicable
Suite, Apt. #, etc.			5. Certificate of Status Desired	* \$8.75 Additional Fee Required
City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 29 3	Country i0		This corporation owes the current year I     Personal Property Tax.	ntangible ☑Yes □No
Registered Agent			10. Name and Address of New Registere	d Agent
JOH 110	81	Name		
COPE, ORRIN H RED 27750 SW 157TH AVER 45 STEELS & PACKING, SEC.		2 Street Address (P.O. Box Number is Not Acceptable)		
	83			4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Registered Agent	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30 Registered Agent 30 81	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30 Registered Agent	DO NOT WRITE IN TH  3. Date Incorporated or Qualifed  08/30/1994  4. FEI Number  65-0522600  Suite, Apt. #, etc.  7. City & State  28  City & State  29  Country  30  Country  30  Registered Agent  10. Name and Address of New Registere  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)

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.

City

ugo						
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	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD DELETE	1.1 TITLE	Thange ☐ Addition			
NÂME	COPE, ORRIN H	1.2 NAME				
STREET ADDRESS	27750 S.W. 157TH AVENUE	1.3 STREET ADDRESS	·			
CITY-ST-ZIP	HOMESTEAD FL 33031	1.4 CITY- ST- ZIP				
TITLE	SD DELETE	2.1 TITLE	☐ Change ☐ Addition			
NAME	COPE, L. DIANE	2.2 NAME				
STREET ADDRESS	27750 S.W. 157TH AVENUE	2.3 STREET ADDRESS	•			
CITY-ST-ZIP	HOMESTEAD FL 33031	2.4 CITY-ST-ZIP				
TITLE CO	Σ ಗಡ್ಡ್ ನಿರ್ಣ	3.1 TITLE	☐ Change ☐ Addition			
NAME	E ORBO B T SANGOTHA JOSEPH SALBO & PALANCE LAN	3.2 NAME				
STREET ADDRESS	AS GANGE TO THE TOTAL THE TOTAL TO THE TOTAL THE TOTAL TO THE TOTAL THE TOTAL TO T	3.3 STREET ADDRESS	これでは18日による時、から27日から16日の16日の18日の18日			
CITY-ST-ZIP.	As well the second of the seco	3.4. CITY-ST-ZIP	[2] [1] [2] [2] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4			
TITLE	DELETE	4.1 TITLE	たららい。 イヤ パラック (数型 デザーもん) を Change (数 C 'Addition			
NAME	What was	4. 2 NAME	•			
STREET ADDRESS	THE STATE OF THE STATE OF THE STATE OF	4.3 STREET ADDRESS	,			
CITY-ST-ZIP	·	4.4 CITY-ST-ZIP				
TITLE	DELETE	5.1 TITLE	Change Addition			
NAME	•	5.2 NAME				
STREET ADDRESS	PO	5.3 STREET ADDRESS	we make your			
CITY-ST-ZIP	ya da yang manan manan s	5.4 CITY-ST-ZIP				
TITLE	27/35 5 47 10 7 % 7 % 157 € 27 %	6.1 TITLE	☐ Change ☐ Addition			
NAME	HOUSE THE TOTAL STATE OF THE SAME	6.2 NAME				
STREET ADDRESS	SO	6.3 STREET ADDRESS				
CITY-ST-ZIP	AMA	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 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

AND TYPES OR PRINTED MADE OF SIGNING OFFICER OR DIRECTOR

6 99 (305)247-1656

CR2E034 (11/98)