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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P96000020052 (2)

TRUESHOT PRODUCE SYSTEMS, INC.

Principal Plac	ce of Busines	s	Maili	Mailing Address					C CORFIDENTIAL TIPE TOWN BRICK BRITH BRICK BRITH				
P.O. BÓX 2297 LAKELAND FL 33808				P.O. BOX 2297 LAKELAND FL 33806-2297									
								3. Date Inc	corporated or Qualified	3a. Date	e of Last F	Report	
	Place of Busin	ness	2a. M	28. Mailing Address				4. FEI Nun	4. FEI Number Applied For				
21			26									ot Applicable	
22			<b>27</b>	Suite, Apt. #, etc. <b>27</b>				5. Certificate of Status Desired See Required Fee Required					
23	te		28 C					1	Campaign Financing nd Contribution				
Zip 24		Country 25	7 <b>29</b>	ip	30	untry	,	8. This corr	poration has liability for i		ax under s	s. 199.032,	
	9. Name	and Address of Cur	rent Register	red Agent		L		10. Name a	nd Address of New Re	stered A	gent		
BUR	IT, GEORGE	Ř JR.				81	Name						
215 MCDONALD STREET						82	Stroct	ddraec (P.O. Pov.)	Number in Net Assessed	lo)			
LAKELAND FL 33808  2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 9. Name and Address of Currer BURT, GEORGE R JR. 215 MCDONALD STREET LAKELAND FL 33806  4.11. Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State agent. I am familiar with, end accopt the oblig SIGNATURE Signature, typed or printed name of registered agent. ITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE				62				et Address (P.O. Box Number is Not Acceptable)					
						83							
						_					,		
						84	City			FL	<b>85</b> Zip	Code	
agent. I a	am familiar wi	th, and accept the ob	figations of, S	Section 607.0505,	s authorize Florida Sta	a by tutes	y the corp s.	pration's board of c	s this statement for the p directors. I hereby accep	urpose of c t the appoi	nanging it ntment as	is registered registered	
10	Signature, typed					d Age	ent signature	equired when reinstating)		DATE			
	T	Or FICENS	IND DIRECTO	DELETE	13. 1.1 I	11.5		President	NS/CHANGES TO OFFIC		DIRECTOR  Change	RS IN 12.	
				L beccie	1			LISSICIENZ!	D. A. Tr	L	Change	LY Addition	
					1.2 N			George K.	Burt, Ir. wld st. FL 33803				
							ADDRESS	215 MC001	WW 27.	2			
				DECETE	2.1 7		iT-ZIP	Lukelana,	Lr 2080-	<u> </u>	Change	T Lawrence	
				breeze	2.2 N						_r Change	Addition	
							ADDRESS						
				DELETE	2.4 C		ST-ZIP				Change	Addition	
				La verere	32N					L	— минде	L_] Addition	
					1		ADDRESS						
							4DD01633 ST-71P						
				DELETE	41 T		01-117			ı	Change	Addition	
NAME					4.21					1	, ∪ riangs	LT VOURIOR	
STREET ADDRESS							ADDRESS						
CITY-ST-ZIP													
TITLE	~			DELETE	5.1 Ti		T-ZIP				Change	Addition	
NAME				Dece le	5.1 N					L	_		
*******					5.2 N	rivit					(	15	

14. I do hereby certify that the information supplied with this filling daes not detail for the exemption stated in Section 119.07(3)(i), Florida Statutes. Hurther certify that the information indicated on this annual report of supplier until annual report is fine 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 comparation or be received in trustee components to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if flagged, of some accument with an address.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST- ZIP

6.1 TITLE

6.2 NAME

DETELLE

01011471107

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

4/24/07

-05/06/97--01026--01<mark>9</mark> Change \*\*\*165.00

4352-377-593

**FILED** 

May 01 1997 8:00am

Secretary of State

. | 1887 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188