

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 # P96000037875

1. Corporation Name
GYE NYAME FRUIT, INC.

Principal Place of Business

4157 17TH AVENUE S.W.
NAPLES FL 34116
3290 19th Ave. SW.
Naples, FL 34117

Mailing Address

4157 17TH AVENUE S.W.
NAPLES FL 34116
3290 19th Ave. SW.
Naples, FL 34117

2. Principal Place of Business

21 3290 19th Ave. SW.
Suite, Apt. #, etc.

2a. Mailing Address

26 3290 19th Ave. SW.
Suite, Apt. #, etc.

City & State

23 Naples, FL

City & State

28 Naples, FL

Zip Country

24 34117 25 U.S.A.

Zip Country

29 34117 30 U.S.A.

9. Name and Address of Current Registered Agent

NANTZ, MILBURN R
4157 17TH AVENUE S.W.
NAPLES FL 34116

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/01/1996

4. FEI Number

59-3396275

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

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

☐

Yes

☒

No

10. Name and Address of New Registered Agent

81 Name

Nantz, Milburn R

82 Street Address (P.O. Box Number is Not Acceptable)

3290 19th Ave. SW.

83

84 City

Naples

FL

85 Zip Code
34117

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.

SIGNATURE

Milburn R. Nantz

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

April 27, 1999

12. OFFICERS AND DIRECTORS

TITLE P
NAME NANTZ, MILBURN R.
STREET ADDRESS 4157 17TH AVE., S.W.
CITY-ST-ZIP NAPLES FL
☒ DELETE

TITLE VP
NAME NANTZ, SHARON D
STREET ADDRESS 4157 17TH AVENUE SE
CITY-ST-ZIP NAPLES FL 34116
☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
Nantz, Milburn R.
3290 19th Ave. SW.
Naples, FL 34117
☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
VP
Nantz, Sharon D.
3290 19th Ave. SW.
Naples, FL 34117
☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

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

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

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

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, with all other like empowered.

SIGNATURE:

Milburn R. Nantz

4/27/99

Date

941-455-3416

Daytime Phone #

CR2E034 (11/98)