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PROFIT CORPORATION ANNUAL REPORT

1999



DOCUMENT # P9800052044

FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## **FILED** Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90032 035 \*\*\*150.00

COVE R	BARTON PRODUCE, INC.					1				
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Principal Place	ea of Business	Mailing Address				—-†		i) <b>88</b> 10) <b>8</b> 111 <b>3</b> ()		1811 9191 1981
·		3847 LADO DRIVE								
3847 LADO DRIVE   3847 LADO DRIVE   ZEPHYRHILLS FL 33543   ZEPHYRHILLS FL 33543										
22/11/11/11/220	. 2 330 13						DO NOT WRITE IN	THIS SPAC	Ε	
						1	3. Date Incorporated or Qualifed			
			_				06/10/1998			
2. Principal P	Place of Business	2a. Mailing Address					4. FEI Number		<del></del>	lied For
21		26	_				59-3515917			Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.				ſ	5. Certificate of Status Desired			dditional
22		27							ee Rec	
City & Stat	te	City & State					6. Election Campaign Financing			fay Be
23		28]					Trust Fund Contribution		dded to	rees
Zip	Country	Zip		ıntry		ļ	8. This corporation owes the current ye	ear Intangible Ye		⊒No
24	25	29	30	_			Personal Property Tax.  O. Name and Address of New Regis			
	9. Name and Address of Curre	ent Registered Agent		81	Name		U. Haire and Address of New Rogis	torca Agent		
COL	JNCIL, JOHN R						<u></u>			
	28 5TH STREET						(P.O. Box Number is Not Acceptable)			
	DE CITY FL 33535			83			<u> </u>		_	
5,15				"						
				84	City			FL  85	Zip C	ode
Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes office or registered agent, or both, in the State of Florida. Such change was auti									ing its r	egistered: -
office or r	registered agent, or both, in the Stat	e of Florida. Such change was a	uthorized	d by 1	the corpo	oration's	board of directors. I hereby accept the	appointment	as reg	istered
agent. I a	am familiar with, and accept the oblig	gations of, Section 607.0505, Flo	orida Stati	utes.						
SIGNATURE	Signature, typed or printed name of registered as	and title if applicable (NOT)	E: Registered	1 Agent	t signature re	equired whe	n reinstating) D/	ATE		
12.		ND DIRECTORS	13.				ADDITIONS/CHANGES TO OFFICE	RS AND DIR	ECTO	RS IN 12
TITLE	D	DELETE	1.1 T	TLE					nange	☐ Addition
NAME	BARTON, KATHLEEN		1.2 N	AME.						
STREET ADDRESS	3847 LADO DRIVE		1.3 57	TREET	ADDRESS					
CITY-ST-ZIP	ZEPHYRHILLS FL 33543		1.4 CI	ITV. ŠT	ZIP		•			
TITLE			_				•			
NAME		☐ DELETE	2.1 TT			pres	ident	cı	nange	Addition
STREET ADDRESS	į	☐ DELETE	2.1 TT 2.2 NA	TLE		سييا	I DAVOOTE	□ cı	nange	Addition
OTTLETADOTEDO	i i	☐ DELETE	2.2 N	TLE AME		سييا	I DAVOOTE	<u></u>	nange	Addition
CITY OT 7ID		☐ DELETE	2.2 N/ 2.3 ST	ITLE AME TREET		سييا	I DAVOOTE	□ CI	nange	Addition
CITY-ST-ZIP		☐ DELETE	2.2 N/ 2.3 ST	TLE AME TREET		سييا	ident H. Barton Jr YLAdo DY YVHILLS, FL 33543			Addition Addition
TITLE			2.2 N/ 2.3 ST 2.4 C	TLE AME TREET SITY-ST		سييا	I DAVOOTE			
TITLE NAME			2.2 NA 2.3 ST 2.4 C 3.1 TF 3.2 NA	TLE AME TREET SITY-ST		سييا	I DAVOOTE			
TITLE NAME STREET ADDRESS			2.2 N/ 2.3 ST 2.4 C 3.1 TF 3.2 N/ 3.3 ST	TLE AME TREET SITY-ST	ADORESS T-ZIP	سييا	I DAVOOTE		nange	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETE	2.2 N/ 2.3 ST 2.4 C 3.1 TF 3.2 N/ 3.3 ST 3.4 C 4.1 TH	TLE AME TREET TLE AME TREET TTLE TTLE TLE TAME	ADORESS T-ZIP	سييا	I DAVOOTE		nange	Addition
TITLE  NAME  STREET ADDRESS  CITY- ST-ZIP  TITLE  NAME  STREET ADDRESS		☐ DELETE	22 NA 23 ST 2.4 C 3.1 TT 3.2 NA 3.3 ST 3.4. CI 4.1 TT 4.2 N 4.3 ST	TLE AME TREET TLE AME TREET TTLE TTLE TLE TAME	ADDRESS ADDRESS 1-ZIP ADDRESS ADDRESS	سييا	I DAVOOTE		nange	Addition
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TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME		☐ DELETE	22 NV 23 ST 2.4 C 3.1 TT 3.2 NV 3.3 ST 3.4 CC 4.1 TT 4.2 N 4.3 ST 4.4 CC 5.1 TT 5.2 NV	TILE TREET TREET TILE AME TREET TLE TREET TLE TREET TILE TREET TILE TREET TILE AME	ADDRESS 1-ZIP  ADDRESS 1-ZIP  ADDRESS -ZIP  ADDRESS	سييا	I DAVOOTE		nange	Addition
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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.