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

**PROFIT** C PRPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secre any of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000107907

CIRCLE R TRACTOR & FENCE INC.

FILED
Apr 29, 1999 8:00 am
Secretary of State
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04-29-1999 90009 004 \*\*\*150.00

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Principal Flace of B	Business	Mailing Address				
9226 CHERRY LAKE F GROVELAND FL 34738		9226 CHERRY LAKE RD. GROVELAND FL 34738				DO NOT IMPLIES IN THIS SPACE
						DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified
	_					·
O Dalmain LDI	of Dusiness	2a. Mailing Address				12/28/1998 4. FEI Number Applied For
2. Principal Place of	of Business	<b>├</b> ──				59 – 3549369 Not Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.				\$8.75 Additional
	<b>u.</b>	27				5. Certificate of Status Desired Fee Required
City & 5 tate		City & State				6. Election Campaign Financing 55.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year Intangible
24	25	29	30			Personal Property Tax.
	Name and Address of Curr	ent Registered Agent				10. Name and Address of New Registers d Agent
				81	Name	
	ECK, BRET			82	Street Add	dress (P.O. Bo> Number is Not Acceptable)
	RRY LAKE RD.			_		
GROVELA	ND FL 34736			83	1	***
			i	84	City	85 Zip Code
					1	rporation submits this statement for the purpose of changing its registered
	ture, typed or printed name of registered a	<u> </u>		Agen	ıt signature require	red when reinstating)  DATE  ADDITI()NS/CHANGES TO OFFICERS (AND DIRECTOF'S IN 12
12.	OFFICERS A	ANI) DIRECTORS	13.	•		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TILE Pres	Bret N Rutze	beck	1.1 TD		ļ	Change Acquori
NAME	9226 Cherry		1.2 NA			
STREET ADDRESS	Groveland FL				TADORESS	
CITY-ST-ZIP		☐ DELETE	1.4 CT		r-zip	☐ Change ☐ Addition
TITLE		☐ DELÉTE	2.1 TN			
NAME			2.2 NA			
STREET ADDRE 3S					T ADDRESS	
CITY-ST-ZIP		☐ DELETE	2. 4 Ci		ST-ZIP	Change Addition
TITLE		- Dereic	3.1 H		Į	
NAME			1		TADDRESS	
STREET ADDRE 3S						
CITY-ST-ZIP .		☐ DELETE	3.4. CI		ST-ZIP	☐ Change ☐ Addition
i i			4. 2 N			
NAME STREET ADDRE (S			4		T ADDRESS	
) )			- 1		ST-ZIP	
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TI			☐ Change ☐ Addition
NAME			5 2 NA			
STREET ADDRESS			5.3 ST	REE1	TADDRESS	
CITY-ST-ZIP			5.4 CI	ry-s	iT-ZIP	
TITLE		☐ DELETE	6.1 TI	LE		☐ Change ☐ Addition
NAME			6.2 N	ME		
STREET ADDRESS			6.3 \$7	REET	T ADDRESS	
OTREET ADDRESS			6 4 CT	TY-S	iT-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify to 'the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental ennual 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 1.2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: XX

X 3 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR