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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **S02039**

1. Corporation Name

GLOVER CARETAKING & HARVESTING, INC.

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Principal Pla	ce of Business	Mailing Address			C INDIVIDUA INF REGIO (COLOR DIGITAL INFILID COLOR	i Dir Grafi big il bi gil i	118((1 8 <u>1) 46)</u>
602 HIGHWAY 60 WEST 4106 SOUTH EDWARDS RI PLANT CITY FL 33567 PLANT CITY FL 33567 US			D.				
					DO NOT WRITE IN T	HIS SPACE	
	, 				3. Date Incorporated or Qualifed 09/25/1990		
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Ap	plied For	
21		26		59-3030353	No	t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5, Certifcate of Status Desired	\$8.75	Additional	
22		27		5. Certificate of Status Desired	Fee Re	quired	
City & State		City & State		6. Election Campaign Financing	\$5.00	May Be	
23		28		Trust Fund Contribution	Added t	o Fees	
Zip	Country	Zip	Coun	try	8. This corporation owes the current year		
24	25 9. Name and Address of Current		30		Personal Property Tax.	Ø Yes	□No
	g, Maine and Address of Current	registered Agent		81 Name	10. Name and Address of New Register	red Agent	
GLO	Over, forest	,		Name			
602 HIGHWAY 60 WEST					ress (P.O. Box Number is Not Acceptable)	Constanting to the	n met Warner trage
PLA	NT CITY FL 33567		[1	83	。 《李·李··································	をはない	
			- 1	84 City		85 Zip C	ode
·			<u> </u>	1		-L `)
onice or	t to the provisions of Sections 607.0502 registered agent, or both, in the State o am familiar with, and accept the obligati	if Florida. Such change was at	uthorized l	by the corporation	poration submits this statement for the purposion's board of directors. I hereby accept the ap	e of changing its opointment as reg	registered gistered
SIGNATURE							
12.	Signature, typed or printed name of registered agent OFFICERS AND			gent signature require			
TITLE	PD OFFICERS AND	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12 Addition
NAME "	GLOVER, FOREST	. Coccere				☐ Change	
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	PLANT CITY FL		4.0.0704	ł			_
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

FILED

Feb 17, 1999 8:00am

Secretary of State

02-17-1999 90009 023 ***150.00