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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # S06867

FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90087 004 ***150.00

1. Corporation Name					
HARLLEE FRUIT & VEGETABLE, IN	3.				
			I (RECERTE AL MAILE CLUB) IBLIA BILLA (BAL CARL	BUBU AND BUBU B	
Principal Place of Business	Mailing Address		f (\$41(\$10 fill \$41)\$ alifet i\$410 \$1111 (sou aralt	Aillet Aimte mener m	idit mikti inni
744 HILLCREST DRIVE	744 HILLCREST DRIVE			,	
BRADENTON FL 34209	BRADENTON FL 34209		DO NOT WRITE IN THI	S SDACE	
			3. Date Incorporated or Qualifed	3 SPACE	
2. Delegiant Place of Puninger	2a. Mailing Address		10/02/1990 4. FEI Number	Δn	plied For
2. Principal Place of Business		3/	65-0224850		t Applicable
21 8106 DESOTO MEMORIAL HU Suite, Apt. #, etc.	7. 26 <i>P.O. BOX</i> 4. Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·		\$8.75 A	
	27		5. Certifcate of Status Desired	Fee Re	
City & State	City & State		6. Election Campaign Financing	. \$5.00	May Ro
23 BRADENTON, FLORIDA	28 BRADENTON,	FLORIDA	Trust Fund Contribution	Added to	
Zip Country	Zip	Country	8. This corporation owes the current year h	ntangible	
24 34209 25 USA	29 34206 3	O USA	Personal Property Tax.	∐Yes	⊡√v°
9. Name and Address of Curren			10. Name and Address of New Registered	i Agent	
		81 Name	and Talker D IV		
Harllee, John P. IV		82 Street Ad	IRLLEE JOHN P. IV		
744 HILLCREST DRIVE		8106		•	
BRADENTON FL 34209		83			
		84 City		85 Zip C	
			DENTON F	L 3 34.	209
11. Pursuant to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	the above named co	emoration cubmits this statement for the nurnose of	of changing its	registered
office or registered agent, or both, in the State	of Florida. Such change was aut tions of. Section 607.0505. Florid	horized by the corpora da Statutes.	ation's board of directors. I hereby accept the appro-	ointment as re	gistered
,					
	Here Chara De	aridet (TOWN C. HARLINETU PARSIDE	ur /1-1	9-99
	Huntup And title if applicable (NOTE: F	Registered Agent signature requ	JOHN P. HARLIET II PAS 10 P. DATE	ur /1-1	<i>0-99</i>
SIGNATURE Signature, typed or printer name of registered agen	The house of the state of the s	egistered Agent signature requ	JOHN P. HAR WEET D PASSO S DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	6-99 DRS IN 12
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CITY-ST-ZIP

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:	Şic	NATURE AN	TYPED OR PR	LANGE OF	SYGNUNG O	FFICER OR DIRECT	Som P.	HARLIEE]	2 /	2/25/0 27 Date	π)	1-8-9 Daytime Phone #	9
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