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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** 

506880

(6)

**FILED** 

Mar 16 1998 8:00am

Secretary of State

1. Corporation BOYEF	R PRODUCE, INC.	(0)			
Principal Plac	ce of Business	Mailing Address		1 FOODFORD FAY ODAYA DAYAD TOADU TOAKK DAYA DAAK DAAK ATO	44 OMB44 OMBAL OADA 04011 4001 4001
240 S MAIN ST 240 S MAIN ST					
WILLISTON FL \$2696 WILLISTON		WILLISTON FL 32698			
US		U\$		DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualified 10/05/1990	
<del></del>	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	# etc	Suite, Apt. #, etc.		59-3038742	Not Applicable
22 22	#, BIC.	27 Suite, Apr. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & Stat	е	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the cu	
24	25	29	30		Yes No
	9. Name and Address of Cur	rent Registered Agent		10. Name and Address of New Registered	Agent
BOYER, TYRIE A. 81					
200 EAST FORSYTH STREET			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
JACK8ONVILLE FL 32202					
			83		
			84 City		85 Zip Code
				<u>FL</u>	<b>.</b>   '   '
11. Pursuant office or r	to the provisions of Sections 607.0 registered agent, or both, in the St	1502 and 607.1508, Florida <b>Sta</b> tute ale of Florida. Such change was a	es, the above-named corp authorized by the corporat	poration submits this statement for the purpose clion's board of directors. I hereby accept the app	if changing its registered pointment as registered
I	m r <b>a</b> mınar witn, and accept the on	ligations of, Section 607.0505, Fic	onda Statutes.		
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable (NOT)	Registered Agent signature requir	red when reinstating) DATE	
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS ANI	D DIRECTORS IN 12
TITLE	P	☐ DELET <b>E</b>	1.1 TITLE		☐ Change ☐ Addition
NAME	<b>B</b> OYER, KENNEDY G.		1.2 NAME		
STREET ADDRESS	19801 NW HWY 335		1.3 STREET ADDRESS		
CITY-ST-ZIP	WILLISTON FL		1.4 CITY - ST - ZIP		
TITLE	ST	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BOYER, MARYLEE B.		2.2 NAME		
STREET ADDRESS	19801 NW HWY 335		2 3 STREET ADDRESS		
CITY-ST-ZIP	WILLISTON FL		2 4 CITY-ST-ZIP		
TITLE	•	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		Distr	4.4 CITY - ST - ZIP		District Tabulation
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY+ST-ZIP		I DOLLETE	5.4 CITY - ST - ZIP		Change Later
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 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 or an attackment with an address.