Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # \$70070

Principal Place of Business

MENYFOAL FRUIT COMPANY, INC.

3193 NW CR ARCADIA FL		3193 NW CR 661-A ARCADIA FL 34266							
US		US				DO NOT WE	RITE IN THIS	SPACE	
						3. Date Incorporated or Qualifed			
		•				07/18/1991			•
2. Principal	Place of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number		Ι Δε	plied For
21		26			65-0277687		_ 	ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.							Additional
22		27	7			5. Certifcate of Status Desired		Fee Re	
City & State			- City & State			6 Floring Compaign Financias			'
23		28	¬ '			6. Election Campaign Financing Trust Fund Contribution	' □	\$5.00 Added 1	
Zip Country			Zip Country						lo rees
24	25	29	30		•	This corporation owes the cur Personal Property Tax:	rrent year inta	ingible □Yes	No
	9. Name and Address of Current I	<u></u>	1301	\top		10. Name and Address of New	Penistared A		EJINO
	317333743			81	Name	10. Hand and Address of New	registered A	-yent	-
BR.	OWN, FLETCHER								-
124 N. BREVARD AVE		•	8		Street Addres	ss (P.O. Box Number is Not Accept	table)		
i.	CADIA FL 33821								
				83			法問題		
į	v.	•		84	City	27.0	*15.77 3*5 * 8	85 Zip (Code
The state of the s					•		FL	11	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered									
agent. I	am familiar with, and accept the obligatio	ns of Section 607.0505, FI	lorida Stat	tutes.	ne corporation	s board of directors. I hereby acce	ept the appoin	tment as re	gistered
SIGNATURE									
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOT	E: Registere	d Agent	signature required w	when reinstating)	DATE		<u> </u>
12.	Signature, typed or printed name of registered agent a OFFICERS AND		E: Registere		signature required w	ADDITIONS/CHANGES TO OF		D DIRECTO	RS IN 12
	Signature, typed or printed name of registered agent a OFFICERS AND				signature required w	ADDITIONS/CHANGES TO OF		DIRECTO	RS IN 12
12.	Signature, typed or printed name of registered agent a OFFICERS AND	DIRECTORS	13.		signature required w				
12. TILE	Signature, typed or printed name of registered agent a OFFICERS AND D HOLLINGSWORTH, V.C.	DIRECTORS	13. 1.1 T 1.2 N	TTLE IAME	signature required w	ADDITIONS/CHANGES TO OF			
12. TITLE NAME	Signature, typed or printed name of registered agent a OFFICERS AND D HOLLINGSWORTH, V.C.	DIRECTORS	13. 1.1 T 1.2 N 1.3 S	TTLE IAME TREET	ADDRESS	ADDITIONS/CHANGES TO OF			
12. TITLE NAME STREET ADDRES	OFFICERS AND OFFICERS AND D HOLLINGSWORTH, V.C. 7355 NW HIGHWAY 70 WEST	DIRECTORS	13. 1.1 T 1.2 N 1.3 S 1.4 C	TTLE IAME TREET	ADDRESS	ADDITIONS/CHANGES TO OF		Change	Addition
12. TITLE NAME STREET ADDRES CITY-ST-ZIP	OFFICERS AND OFFICERS AND D HOLLINGSWORTH, V.C. 7355 NW HIGHWAY 70 WEST ARCADIA FL D	DIRECTORS	13. 1.1 T 1.2 N 1.3 S 1.4 C 2.1 Tl	ITLE IAME TREET	ADDRESS	ADDITIONS/CHANGES TO OF			
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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

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

CITY-ST-ZIP

FILED

Jan 29, 1999 8:00am

Secretary of State

01-29-1999 90058 046 ***150.00

993-3334