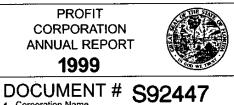
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90021 019 \*\*\*150.00

CALFLO	PRODUCE, INC.								
Principal Place of Business Mailing Address						2 INDEFINIT IIN INII MINI MINI MINI INDI ANDI ANDI ANDI A		IEN <b>4:8</b> 1) <b>188</b> 1	
2025 DOVER RE DOVER FL 3352 US		P.O. BOX 730 PLANT CITY FL 33564 US	PLANT CITY FL 33564			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
						11/01/1991	——————————————————————————————————————		
2. Principal Pl	ace of Business	2a. Mailing Address	├ <del>~~</del>			4. FEI Number		olied For	
21		26				59-3089467		Applicable	
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.	27			5. Certificate of Status Desired	\$8.75 A Fee Red	quired	
City & State		City & State	City & State			6 Election Campaign Financing	<u>\$5.00 </u>		*
23		28				Trust Fund Contribution	Added to	Fees	
Zip	Country	Zip				8. This corporation owes the current year Intangible Personal Property Tax			
24	25 29 30					Personal Property Tax.			
	9. Name and Address of Currer	nt Registered Agent		81	Name	10. Name and Address of New Hogistered	A.guin.		
	IGREW, JOHN D.			82		ess (P.O. Box Number is Not Acceptable)			
STE	8TH AVE W 103		83			<u> </u>			
PALN	METTO FL 34221		<u> </u>		City		85 Zip C	ode	
						<u> </u>	<u> </u>		
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State π familiar with, and accept the obliga	of Florida, Such chance was	authorized	ושמו	ine corporatio	oration submits this statement for the purpose of on's board of directors. I hereby accept the appoi	intment as reg	istered	
SIGNATORE	Signature, typed or printed name of registered age	ent and title if applicable. (NO	TE: Registered	Agen	t signature require	d when reinstating) DATE			Ś
12.	OFFICERS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12	3
TITLE	DP	_,			-		☐ Orlange		
NAME	BORCHARD, JOHN							5	
STREET ADDRESS	2704 BARRET AVENUE		1.3 STREET ADDRESS						Ę
CITY-ST-ZIP	PLANT CITY FL 14C			T-ZIP		Change	Addition	į	
TITLE	ODESCED MON C							_	
NAME .	dieseli, work o.		2.2 N/					ł	
STREET ADDRESS				ADDRESS					
CITY-ST-ZIP TITLE	SANTA MAHIA CA	DELETE 3.11			T-ZIP		☐ Change	Addition	
NAME	32N					- ,			
STREET ADDRESS	•		B:		TADDRESS				
			3.4. C		•				
CITY-ST-ZIP		☐ DELETE	4.1 TT				☐ Change	Addition	
NAME			4.2N					}	
STREET ADDRESS	35			4.3 STREET ADDRESS				\$	
CITY-ST-ZIP				TY-51					
TITLE			1 TITLE			Change	Addition		
NAME			5.2 NAME						
STREET ADDRESS			5.3 \$1	TREET	TADDRESS	·			
CITY-ST-ZIP		5.4 CI	TY-S	T-ZIP		*****			
TITLE		☐ DELETE	6.1 TI	TLE			☐ Change	Addition	
NAME			6.2 N						
STREET ADDRESS			6.3 S1	REET	TADDRESS				

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.

6.4 CITY-ST-ZIP

SIGNATURE: 6

STREET ADDRESS