## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # \$96797

(3)

MANUEL CARL MCKENZIE & SON, FRUIT HARVESTERS, IN C.

Principal Place of Business Mailing Address

3901 AVENUE M
FT PIERCE FL 34947
IIS



3901 AVENUE M FT PIERCE FL 34947 US		3901 AVENUE M FT PIERCE FL 34947 US			1	e incorporated or C 11/26/1991	Qualified	3a. Date	of Last F 6/09/19	'_		
2. Principal Plac	ce of Business		2a. Mailing Address					Number				Applied For
I			26				65-0302081				Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Cer	5. Certificate of Status Desired S8.75 Additional Fee Required					
City & State	.,,,,,,,		City & State			6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees						
Zip		Country	Zip	Cour	ntry		8. This	s corporation has lia	ability for int	angible ta	x under s	\$ 199.032,
4	25	·	29	30				rida Statutes	Yes			
	9. Name and	Address of Current	Registered Agent				10. Na	me and Address o	of New Re	gistered	Agent	
, , , , , , , , , , , , , , , , , , , ,					81	Name						
MCKFN7	ZIE, MANUEL (	CARL, SR.			82	Street Aric	drass (P.O. F	Box Number is Not	Acceptable	<del>)</del>		
3901 AVENUE M FT PIERCE FL 34947					62	Street Add	uless (1.0. c	237 14611601 16 1461	, wood processo	,		
				İ	83			-				
7 7 7 70-114					B4	City					85 2	Zip Code
			and 607.1508, Florida Statu	1		<b>'</b>				FL	.	•
SIGNATURE		ted name of registered agent a		O1E: Registered		nt signature requir	irad when reinstal	ing)		DATE		
12.		OFFICERS AND		13.			AD	DITIONS/CHANGES	S TO OFFIC		Change	
TITLE	D		☐ DELETE	1.11						L		L_J Addition
NAME		MANUEL CARL S	K	1.2 N/	_							
STREET ADDRESS	3901 AVEN					ADDRESS						
CITY-ST-ZIP	FT PIERCE	PL	Em printe			ST-ZIP			<del></del>		Change	Addition
			DELETE	2.11	HLE					,		
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4. To hereby certify that the information supplied with this filing is voluntarily furnished and does not quality for the exemption stated in Section 119.07(3)(x), Florida Statutes, Turther 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 cath; 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.

SIGNATURE: Dany C. M. Comments

(407) 465-3X64