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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90101 044 ***150.00

DOCUMENT # V12729

1. Corporation Name

	IARVESTING, INC.				1/21/2
		NA COLOR A DATA		יינוסיוס ונוסיו סנוסיו סוססיו ונסוג שומנו ומסונוס ונסטין ו נוסיי אוריים אוריים וויסטין אוריים וויסטין וויסטיו ו	HABA BIRIN BADIK BABIK BABIK 1991
Principal Place		Mailing Address			
ROUTE 2. BOX 175 ROUTE 2. BOX 175 CLEWISTON FL 33440 CLEWISTON FL 33440					
CLEMBIONIE	. 00440	OLEMOTOR TE SOMO		DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualifed	
)				02/10/1992	
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0310289	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	e	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 the current year In	tangible
24	25	29 30	ō	Personal Property Tax	☐ Yes ☐ No
	9. Name and Address of Current	t Registered Agent		10. Name and Address of New Registered	Agent
			81 Name	TOE M HILLIARD	
	SCH, CRAIG R.		82 Street Ad	Idress (P.O. Box Number is Not Acceptable)	
1	B HENDRY STREET		III OHOUNE	TAGHOLE ROAD	·
FT. i	MYERS FL 33902		83		
					as Zin Codo -
}			84 effy	CLEWISTONFL	- 85 Zin Code 41)
11, Pursuant	to the provisions of Sections 607.0502	2 and 607,1508, Florida Statutes,	, the above-named co	orporation submits this statement for the purpose of ation's board of directors. I hereby accept the appo	changing its registered
office or re	egistered agent, or both, in the State of	of Florida. Such change was auth	hofized by the corpora	ation's board of directors. I hereby accept the appo	Intropert as registered
} -				and the same of th	مارر ل
			~~ ~ ~ ~ /	<i> </i>	
SIGNATURE	Signature, typed or printed name of registered agent	it and title if applicable (NOTE: Re	egistered Agent signature requ	ared when reinstating) DATE	<u> </u>
SIGNATURE	Signature, typed or printed name of registered agen	it and title if applicable (NOTE: Re	egistered Agent signature requi	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
	Signature, typed or printed name of registered agen		-		ND DIRECTORS IN 12 Change Addition
12.	Signature, typed or printed name of registered agen OFFICERS AN	D DIRECTORS	13.		
12.	Signature, typed or printed name of registered agen OFFICERS AN PD HILLIARD, JOE MARLIN	D DIRECTORS	13. 1.1 TITLE		
12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agen OFFICERS AN PD HILLIARD, JOE MARLIN RT. 2, BOX 175	D DIRECTORS	13. 1.1 TITLE 12 NAME		
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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 supplierental 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 origonation 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 of an attachment with an address, with all other like empowered.

SIGNATURE:

SCHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/99 941-983-511/ Daylime Phone #