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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DO	CU	ME	NT	#	V 7	1	360	Ì

 Corporation 	n Name			'	
PIONEER	R FARMS OF WABASSO, IN	C.			
TONEL		•		3 (486) 4314) 1 336) 13 00 3110 6111 4011 611	NI BIRIN BIRIN BIRIN BIRIN BIRIN BIRIN B
Principal Place	of Business	Mailing Address		\$ LADEL OCTUBED LIBROR ELEGO ACERT DALL BEI	ill Alail biair athir arms mintri 1986
8620 85 ST		8620 85 ST			
VERO BEACH F	L 32966	VERO BEACH FL 32966			
		•		DO NOT WRITE IN TH	HIS SPACE
				 Date Incorporated or Qualified 10/12/1992 	Į
		2a. Mailing Address		10/12/1992 4. FEI Number	Applied For
<u> </u>	lace of Business	H-1		65-0361918	Not Applicable
21 Suite, Apt.	# etc	Suite, Apt. #, etc.		· _	\$8.75 Additional
22	π ₁ σισ.	27	•	5. Certifcate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country		Country	8. This corporation owes the current year	Intangible
24 32967	7-391125 USA	29 32967-391/3	USA	Personal Property Tax.	Yes □No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registers	ed Agent
4401	HOLL JOHN JOSEPH ID		81 Name		
	IUGH, JOHN JOSEPH, JR.		82 Street A	Address (P.O. Box Number is Not Acceptable)	
	17 ST				
SUIT			83		
VERU	D BEACH FL 32960		84 City		85 Zip Code
				F	
11, Pursuant i	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes,	, the above-named of	corporation submits this statement for the purpose	or changing its registered
office orat	edistered adent. Of Doth, in the State C	of Florida. Such change was auth	norized by the corpo	ration's board of directors. I hereby accept the app	pointment as registered
office or n	egistered agent, or doth, in the State of m familiar with and accept the obligati	of Florida. Such change was autr ions of, Section 607.0505, Florid	norized by the corpo la Statutes.	pration's board of directors. I hereby accept the appropriate	pointment as registered
office or a agent. I an SIGNATURE	Sach L Do	WIN Do	nonzed by the corpo la Statutes.	ration's board of directors. I hereby accept the app	pointment as registered
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: Re	norized by the corpo a Statutes.	oration's board of directors. I hereby accept the apparent of the property of	pril 3 1999
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: Re	nonzed by the corpo la Statutes.	equired when reinstating) ADDITIONS/CHANGES TO OFFICERS	pril 3 1999
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agents OFFICERS ANI	t and title if applicable. (NOTE: Re	a Statutes. egistered Agent signature re	oration's board of directors. I hereby accept the apparent of the property of	AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND D DAVIS, JACK L.	t and title if applicable. (NOTE: Re	egistered Agent signature re 13. 1.1 TITLE 1.2 NAME	equired when reinstating) ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND D DAVIS, JACK L. 8620 85 ST	t and title if applicable. (NOTE: Re	egistered Agent signature re 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS PRESTDENT DIRECTOR	AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND D DAVIS, JACK L.	t and title if applicable. (NOTE: Re	egistered Agent signature re 13. 1.1 TITLE 1.2 NAME	equired when reinstating) ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
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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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP