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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

(0)

## FILED Jan 29 1998 8:00am Secretary of State

COUNTY LINE FRUIT COMPANY, IN	IC.		a umitt merete tibumm telmt mellet antet beite beite fiebe die	ELL BIELT SEEN GION ETON (SE)
Principal Place of Business	Mailing Address			ERE BIRTH BURN CLOSE BURN 1981
7800 HWY, 80 W.	P O BOX 327		+	
ALVA FL 33920	ALVA FL 33920			
us	US		DO NOT WRITE IN THIS	S SPACE
			3. Date Incorporated or Qualified	
8. Dylacinal Blace of Business	De Mailing Address		10/21/1992 4. FEI Number	l la suite d'Ess
2. Principal Place of Business 21 19431 Palm Beach Blvd.	2a. Mailing Address			Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·	65-0368589	\$8.75 Additional
22	27		5. Certificate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23 alva Florida	28		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has paid the ci	
24 33930 25 US	29	30	Personal Property Tax due June 30.	Yes No
9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	d Agent
NEITZKE, CARL J.		81 Name		
2050 COUNTY RD 78A		82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
LABELLE FL 33935		ou ou ou		
		83		
		84 City		85 Zip Code
			FI	<b>∟</b> ∤
Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State o agent. I am familiar with, and accept the obligations.	and 607.1508, Florida Statut	es, the above-named corp	oration submits this statement for the purpose	of changing its registered
agent. I am familiar with, and accept the obligation	ons of, Section 607.0505, Fig	authorized by the corporati orida Statutes.	ion's board of directors, I hereby accept the ap	pomument as registered
SIGNATURE				
Signature, typed or printed name of registered agent		E: Registered Agent signature require		-ud
12. OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE D	☐ DELETE	1.1 TITLE		Change Addition
NAME NEITZKE, CARL J.		1.2 NAME		
STREET ADDRESS 3010 HWY 78A		1.3 STREET ADDRESS		
CITY-ST-ZIP LABELLE FL	ner eve	1.4 CITY-ST-ZIP		
TITLE D	☐ DELETE	2.1 TITLE		Change    Addition
NAME NEITZKE, JANET M.		2,2 NAME		
STREET ADDRESS 3010 HWY 78A		2.3 STREET ADDRESS		
CITY-ST-ZIP LABELLE FL	DELETE	2. 4 CITY - ST - ZIP		Change Addition
TITLE D	☐ DEFEIG	3.1 TITLE		☐ Granige ☐ MuditiOit
NAME SCHREIBER, GENA		3.2 NAME		
STREET ADDRESS 1118 N RICHMOND AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP LEHIGH FL	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
TITLE		1		LI Stiatige LI Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP	☐ DELETE	4.4 CITY - ST - ZIP		Change Addition
TITLE		5.1 TITLE		
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADORESS		
CITY-ST-ZIP	☐ DELETE	5.4 CITY - ST - ZIP		☐ Change ☐ Addition
TITLE	☐ DETE LE	6.1 TITLE		L Change L Aduition
NAME		A A HALLE		L.
		6.2 NAME		
STREET ADDRESS CITY - ST - ZIP		6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

indicated on this annual report or supplied with this limit does not qualify in the exemptor stated in decorate and recurrent 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 of an attachment with an address.

SIGNATURE:

1/22/98

ESES-855-14A