

**FILED**  
**Jun 23, 1999 8:00 am**  
**Secretary of State**

06-23-1999 90006 013 \*\*\*150.00  
 07-12-1999 90009 050 \*\*\*400.00

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 262180**

1. Corporation Name  
**TALOFA FRUIT COMPANY**

Principal Place of Business  
**JAMES F GAUTIER**  
**600 CHERRY ST.**  
**CRESCENT CITY FL 32112**

Mailing Address  
**JAMES F GAUTIER**  
**600 CHERRY ST.**  
**CRESCENT CITY FL 32112**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/24/1962**

4. FEI Number

**59-0992271**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

**GAUTIER, GREGORY C.**  
**800 GRAND RONDO**  
**600 CHERRY ST**  
**CRESCENT CITY FL 32112**

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GAUTIER, GREGORY C.	
STREET ADDRESS	GRAND RONDO	
CITY-ST-ZIP	CRESCENT CITY FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WENDEL, JANET G	
STREET ADDRESS	E MAIN ST	
CITY-ST-ZIP	POMONA PARK FL	
TITLE	STVD	<input type="checkbox"/> DELETE
NAME	GAUTIER, J. SCOTT	
STREET ADDRESS	HUNTINGTON SHORTCUT ROAD	
CITY-ST-ZIP	CRESCENT CITY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(f), 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.

SIGNATURE: *Gregory C. Gautier*

SIGNATURE, TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

**GREGORY C. GAUTIER**

5-1-99

Date

904-698-2700

Daytime Phone #

CR2E034 (11/98)