FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **178670** **(6)**

1. Corporation Name
MIDDLETON HARVESTERS, INC.

Principal Place of Business	Mailing Address
400 MIDDLETON RD C/O TEDRA MIDDLETON. P O BOX 116 ELKTON FL 32033	400 MIDDLETON RD C/O TEDRA MIDDLETON. P O BOX 116 ELKTON FL 32033

3. Date Incorporated or Qualified: 05/10/1954
3a. Date of Last Report: 04/14/1995

2. Principal Place of Business
21: 5875 Middleton Rd
22: Suite, Apt. #, etc.
23: City & State
24: Zip
25: Country

2a. Mailing Address
26: 5875 Middleton Rd, PO Box 116
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

4. FEI Number: 59-0720783 ☐ 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 has liability for intangible tax under s 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MIDDLETON, J. GORDON
400 MIDDLETON ROAD
ELKTON FL

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 5875 Middleton Rd.
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	MIDDLETON, J L		1.2 NAME		
STREET ADDRESS	400 MIDDLETON ROAD		1.3 STREET ADDRESS	5875 Middleton Road	
CITY-ST-ZIP	ELKTON, FL 00000		1.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	MIDDLETON, TEDRA ANN		2.2 NAME		
STREET ADDRESS	400 MIDDLETON ROAD		2.3 STREET ADDRESS	5875 Middleton Road	
CITY-ST-ZIP	ELKTON, FL 00000		2.4 CITY-ST-ZIP		
TITLE	VST	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	MIDDLETON, J L		3.2 NAME		
STREET ADDRESS	400 MIDDLETON ROAD		3.3 STREET ADDRESS	5875 Middleton Road	
CITY-ST-ZIP	ELKTON, FL 00000		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	MIDDLETON, J G		4.2 NAME		
STREET ADDRESS	400 MIDDLETON ROAD		4.3 STREET ADDRESS	5875 Middleton Rd	
CITY-ST-ZIP	ELKTON, FL 00000		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Tedra Ann Middleton TEDRA Ann Middleton 4-3-96 904-692 [illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #