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 # **F94000000771 (5)**

1. Corporation Name

GEORGIA-FLORIDA HARVESTORE, INC.

Principal Place of Business	Mailing Address
ROUTE 1. BOX 420 ATTAPULGUS GA 31715	ROUTE 1. BOX 420 ATTAPULGUS GA 31715

3. Date Incorporated or Qualified: **02/16/1994**
3a. Date of Last Report: **03/13/1995**

2. Principal Place of Business
21: 1010 Tobacco Road
22: Suite, Apt. #, etc.
23: City & State: Attapulgus, GA
24: Zip: 31715
25: Country:

2a. Mailing Address
26: 1010 Tobacco Road
27: Suite, Apt. #, etc.
28: City & State: Attapulgus, GA
29: Zip: 31715
30: Country:

4. FEI Number: **58-1119113** ☐ 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

WALKER, STEVE C III
230 JOHN KNOX ROAD, SUITE 2
TALLAHASSEE FL 32303

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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PVC	☐ DELETE	11 TITLE		☒ Change ☐ Addition
NAME	MILLER, P D JR		12 NAME		
STREET ADDRESS	ROUTE 1, BOX 420		13 STREET ADDRESS	1010 Tobacco Road	
CITY-ST-ZIP	ATTAPULGUS GA 31715		14 CITY-ST-ZIP		
TITLE	CT	☐ DELETE	21 TITLE		☒ Change ☐ Addition
NAME	MILLER, P D SR		22 NAME		
STREET ADDRESS	ROUTE 1, BOX 420		23 STREET ADDRESS	1010 Tobacco Road	
CITY-ST-ZIP	ATTAPULGUS GA 31715		24 CITY-ST-ZIP		
TITLE	S	☐ DELETE	31 TITLE		☒ Change ☐ Addition
NAME	SPEARS, DORIS		32 NAME		
STREET ADDRESS	ROUTE 1, BOX 420		33 STREET ADDRESS	1010 Tobacco Road	
CITY-ST-ZIP	ATTAPULGUS GA 31715		34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

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)(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.

SIGNATURE: P D Miller Jr 3-21-96 912-465-3987

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

P.D. Miller, Jr. President

CR2E034 (12/95)