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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000004463 (6)

1. Corporation Name
HARVEST HOUSE, INC.

Principal Place of Business

110 MARLER STREET
DESTIN FL 32541

Mailing Address

110 MARLER STREET
DESTIN FL 32541

3. Date Incorporated or Qualified
09/28/1993

3a. Date of Last Report
08/26/1995

2. Principal Place of Business

21 797 Hwy 98 (home.1)

2a. Mailing Address

26 PO Box 372

4. FEI Number
59-3265372

Applied For
Not Applicable

22 Destin
City & State

27 Destin FL
City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 FL
Zip

28 32540
Zip

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fee

24 32541
Country

25 USA
Country

29 32540
Country

30 Oklawaha
Country

6. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

NEWMAN, RAYMOND F JR.
150 EGLIN PARKWAY N.E.
FORT WALTON BEACH FL 32540

10. Name and Address of New Registered Agent

81 Name Jerry Ogle
82 Street Address (P.O. Box Number is Not Acceptable)
To Box 119 Jerry Ave
83
84 City Ft Walton Beach FL 85 Zip Code 32548

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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, Chapter 117.0503, Florida Statutes.

SIGNATURE *Jerry Ogle* Jerry Ogle 3-25-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME OGLE, JERRY
STREET ADDRESS P.O. BOX 1181 N/A
CITY-ST-ZIP DESTIN FL 32540 DELETE

1.1 TITLE P/T
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP Change Addition

TITLE D
NAME NEWMAN, RAY F
STREET ADDRESS 150 EGLIN PARKWAY NE
CITY-ST-ZIP FT. WALTON BEACH FL 32540 DELETE

2.1 TITLE VP
2.2 NAME Tim Meadows
2.3 STREET ADDRESS 200 Beach Dr
2.4 CITY-ST-ZIP Destin FL 32541 Change Addition

TITLE D
NAME NOLING, BRENDA
STREET ADDRESS 008 BENNING DRIVE
CITY-ST-ZIP DESTIN FL 32541 DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP Change Addition
500001761545
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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)(4), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jerry Ogle* 3-7-96 904-243-715

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

Date Daytime Phone #

CR2007 (12/95)

3-25-96