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**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90157 011 \*\*\*\*70.00

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N94000005739**

1. Corporation Name  
**HARVEST TIME INTERNATIONAL, INC.**

Principal Place of Business 130 COASTLINE RD SANFORD FL 32771 US	Mailing Address PO BOX 1076 SANFORD FL 32772 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/21/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 54-1698630
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent

**MURPHY, ARTHUR J JR**  
**2257 GRAND TREE CT**  
**LAKE MARY FL 32746**

10. Name and Address of New Registered Agent

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

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, Section 617.0503, 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

TITLE	EDT	<input type="checkbox"/> DELETE
NAME	MURPHY, ARTHUR J JR	
STREET ADDRESS	310 PICKERING CT	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	MURPHY, MARY H JR	
STREET ADDRESS	310 PICKERING CT	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	P	<input type="checkbox"/> DELETE
NAME	KEEFAUVER, LARRY DR.	
STREET ADDRESS	422 GRANDVIEW AVE N	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOOPER, CLIFF	
STREET ADDRESS	130 HAMBER T. LANE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MORAN, JOHN	
STREET ADDRESS	2453 ELMORE CT	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GROSSMAN, RICHARD	
STREET ADDRESS	985 ALMOND TREE CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32835	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" 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	

*D*  
**LARRY MAURIELLO**  
**1196 FOX FORREST CIR**  
**APOPKA, FL 32712**

14. I hereby certify that the information supplied with this filing 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 617, 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: Arthur J. Murphy Jr. REARTHUR J. Murphy Jr. 1-15-99 407)328-9900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)