

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000005739

**FILED**  
**Jan 22, 2020**  
**Secretary of State**  
**8814638554CC**

**Entity Name:** HARVEST TIME INTERNATIONAL, INC.

**Current Principal Place of Business:**

225 HARVEST TIME DRIVE  
SANFORD, FL 32771

**Current Mailing Address:**

225 HARVEST TIME DRIVE  
SANFORD, FL 32771 US

**FEI Number:** 54-1698630

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

MURPHY, ARTHUR JJR  
225 HARVEST TIME DRIVE  
SANFORD, FL 32771 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title CHAIRMAN, DIRECTOR, PRESIDENT  
Name MURPHY, ARTHUR, JR. J  
Address 225 HARVEST TIME DRIVE  
City-State-Zip: SANFORD FL 32771

Title VC, DIRECTOR, VP  
Name MURPHY, MARY H  
Address 225 HARVEST TIME DRIVE  
City-State-Zip: SANFORD FL 32771

Title DIRECTOR, TREASURER  
Name SMOLINSKY, ANDRE  
Address 225 HARVEST TIME DRIVE  
City-State-Zip: SANFORD FL 32771

Title DIRECTOR  
Name BRYAN, RAY  
Address 225 HARVEST TIME DRIVE  
City-State-Zip: SANFORD FL 32771

Title DIRECTOR  
Name DAVIES, GUS  
Address 225 HARVEST TIME DRIVE  
City-State-Zip: SANFORD FL 32771

Title DIRECTOR  
Name ELIAS, TONY  
Address 225 HARVEST TIME DRIVE  
City-State-Zip: SANFORD FL 32771

Title DIRECTOR  
Name ELLIS, ALDA  
Address 225 HARVEST TIME DRIVE  
City-State-Zip: SANFORD FL 32771

Title DIRECTOR  
Name HINN, SAM  
Address 225 HARVEST TIME DRIVE  
City-State-Zip: SANFORD FL 32771

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ANDRE SMOLINSKY

**DIRECTOR, TREASURER** 01/22/2020

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name GUY, IANNELLO  
Address 225 HARVEST TIME DRIVE  
City-State-Zip: SANFORD FL 32771

Title DIRECTOR  
Name MAURIELLO, LARRY  
Address 225 HARVEST TIME DRIVE  
City-State-Zip: SANFORD FL 32771

Title DIRECTOR  
Name DECKER, TAPSCOTT  
Address 225 HARVEST TIME DRIVE  
City-State-Zip: SANFORD FL 32771

Title DIRECTOR  
Name MANNO, JOE  
Address 225 HARVEST TIME DRIVE  
City-State-Zip: SANFORD FL 32771

Title DIRECTOR, SECRETARY  
Name MURPHY, DOROTHY  
Address 225 HARVEST TIME DRIVE  
City-State-Zip: SANFORD FL 32771