


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 09 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 178670 (6)</b>					
<b>1. Corporation Name</b> <b>MIDDLETON HARVESTERS, INC.</b>					
<b>Principal Place of Business</b> 5875 MIDDLETON RD C/O TEDRA MIDDLETON, P O BOX 116 ELKTON FL 32033 US			<b>Mailing Address</b> 5875 MIDDLETON ROAD P. O. BOX 116 ELKTON FL 32033-0116 US		
<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		<b>3. Date Incorporated or Qualified</b> 05/10/1954	
				<b>3a. Date of Last Report</b> 04/19/1996	
				<b>4. FEI Number</b> 59-0720783	
				<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>9. Name and Address of Current Registered Agent</b> MIDDLETON, J. GORDON 5875 MIDDLETON ROAD ELKTON FL			<b>10. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>12. OFFICERS AND DIRECTORS</b>					
TITLE	D	<input type="checkbox"/> DELETE			
NAME	MIDDLETON, J L				
STREET ADDRESS	5875 MIDDLETON ROAD				
CITY- ST- ZIP	ELKTON, FL 00000				
TITLE	P	<input type="checkbox"/> DELETE			
NAME	MIDDLETON, TEDRA ANN				
STREET ADDRESS	5875 MIDDLETON ROAD				
CITY- ST- ZIP	ELKTON, FL 00000				
TITLE	VST	<input type="checkbox"/> DELETE			
NAME	MIDDLETON, J L				
STREET ADDRESS	5875 MIDDLETON ROAD				
CITY- ST- ZIP	ELKTON, FL 00000				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	MIDDLETON, J G				
STREET ADDRESS	5875 MIDDLETON ROAD.				
CITY- ST- ZIP	ELKTON, FL 00000				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.1 TITLE					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.1 TITLE					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.1 TITLE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.1 TITLE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.1 TITLE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				

**14. I do 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 included 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:** *Jedra Ann Middleton* *Tedra Ann Middleton* 4-2-97 904-692-1656  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #