


# 2004 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2004 08:00 AM**  
**Secretary of State**

|   |                     |                     |   |  |  |
|---|---------------------|---------------------|---|--|--|
| <b>DOCUMENT # 283021</b><br>1. Entity Name<br><b>LANIER HARVESTING CO INC</b>   |                     |                     |   |   |  |
| Principal Place of Business<br><b>4900 DUNDEE RD<br/>WINTER HAVEN FL 33884<br/>US</b>   |                     |                     | Mailing Address<br><b>P O DRAWER 2209<br/>WINTER HAVEN FL 33883<br/>US</b>  |  |  |
| 2. Principal Place of Business  |                     | 3. Mailing Address  |   |  |  |
| Suite, Apt. #, etc.   |                     | Suite, Apt. #, etc. |   |  |  |
| City & State  |                     | City & State        |   |  |  |
| Zip   | Country             | Zip                 | Country   |  |  |
| 6. Name and Address of Current Registered Agent   |                     |                     |   | 7. Name and Address of New Registered Agent  |  |
| <b>LANIER, B L<br/>4900 DUNDEE RD<br/>WINTER HAVEN FL 33884</b>   |                     |                     |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 8. 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. I am familiar with, and accept the obligations of registered agent. |                     |                     |   |  |  |
| SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____  |                     |                     |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>   |                     |                     | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |  |
| 10. OFFICERS AND DIRECTORS  |                     |                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  |  |  |
| TITLE   | PD                  |                     | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  | LANIER, B L         |                     | NAME  |  |  |
| STREET ADDRESS  | S R 559 NORTH       |                     | STREET ADDRESS  |  |  |
| CITY-ST-ZIP   | AUBURNDALE FL 33823 |                     | CITY-ST-ZIP   |  |  |
| TITLE   | VD                  |                     | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  | PRICE, PHILLIP A    |                     | NAME  |  |  |
| STREET ADDRESS  | 928 VAN DR          |                     | STREET ADDRESS  |  |  |
| CITY-ST-ZIP   | AUBURNDALE FL 33823 |                     | CITY-ST-ZIP   |  |  |
| TITLE   |                     |                     | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  |                     |                     | NAME  |  |  |
| STREET ADDRESS  |                     |                     | STREET ADDRESS  |  |  |
| CITY-ST-ZIP   |                     |                     | CITY-ST-ZIP   |  |  |
| TITLE   |                     |                     | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  |                     |                     | NAME  |  |  |
| STREET ADDRESS  |                     |                     | STREET ADDRESS  |  |  |
| CITY-ST-ZIP   |                     |                     | CITY-ST-ZIP   |  |  |
| TITLE   |                     |                     | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  |                     |                     | NAME  |  |  |
| STREET ADDRESS  |                     |                     | STREET ADDRESS  |  |  |
| CITY-ST-ZIP   |                     |                     | CITY-ST-ZIP   |  |  |



MOORE CR2E034 (11/03)

4. FEI Number **59-1083998** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.

TITLE PD  
NAME LANIER, B L  
STREET ADDRESS S R 559 NORTH  
CITY-ST-ZIP AUBURNDALE FL 33823

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**000000168454**  
**02/27/04-80042-001 150.00**

TITLE VD  
NAME PRICE, PHILLIP A  
STREET ADDRESS 928 VAN DR  
CITY-ST-ZIP AUBURNDALE FL 33823

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Phillip A. Price*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/04

Daytime Phone #