

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # *Harvest Village Natural Foods*
1. Corporation Name
319504 **HARVEST VILLAGE NATURAL FOODS, INC** *Inc*
1928 HARRISON ST
HOLLYWOOD, FL 33020

Principal Place of Business
Hollywood Fla
33020
Mailing Address
1928 Harrison St

3. Date Incorporated or Qualified *8-3-1967* 3a. Date of Last Report *3-28-96*

2. Principal Place of Business
21 *Hollywood Fla*
Suite, Apt #, etc
22 *Hollywood*
City & State
23 *Hollywood Fla*
City & State
24 *33020* 25 *Broward* 26 *1928 Harrison St*
Zip Country Zip Country
27
City & State
28
Zip Country
30

4. FEI Number *59-1172538* Applied For
Not Applicable

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

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

SIGNATURE: *Shirley H. Wheatley* *3-30-96*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when renewing) DATE

12. OFFICERS AND DIRECTORS
TITLE *PRESIDENT* ☐ DELETE
NAME *Betty Jean Scott*
STREET ADDRESS *1928 Harrison St*
CITY-ST-ZIP *Hollywood Fla 33020*
TITLE *Secretary* ☐ DELETE
NAME *Shirley H. Wheatley*
STREET ADDRESS *316 Italy Ave*
CITY-ST-ZIP *Fort Lauderdale Fla 33312*
TITLE *Shirley H. Wheatley* ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE *Vice President* ☐ Change ☐ Addition
1.2 NAME *James H. Wheatley*
1.3 STREET ADDRESS *316 Italy Ave*
1.4 CITY-ST-ZIP *Fort Lauderdale Fla 33312-1843*
2.1 TITLE *James H. Wheatley* ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Betty Jean Scott* *3-30-96*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)