FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 JAN 27 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **459593** **(0)**

1. Corporation Name

B L & S HARVESTING CO.

Principal Place of Business	Mailing Address
P.O. BOX 361 LABELLE FL 33935	P.O. BOX 361 LABELLE FL 33935

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/14/1974
3a. Date of Last Report: 05/27/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 59-1551633 ☐ Applied For ☐ Not Applicable

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

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
WATKINS, JOHN JAY 150 S MAIN STREET LABELLE FL 33935	01 Name 02 Street Address (P.O. Box Number is Not Acceptable) 03 04 City **FL** 05 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~PST~~	1.1 TITLE	☒ Change ☐ Addition
NAME	~~GONZALEZ, SAUL~~	1.2 NAME	ISIDORA GONZALEZ
STREET ADDRESS	~~118 EUCLID PLACE~~	1.3 STREET ADDRESS	ROUTE 3, BOX 709, G ROAD
CITY-ST-ZIP	LABELLE FL 33935	1.4 CITY-ST-ZIP	
TITLE	~~B~~	2.1 TITLE	☐ Change ☐ Addition
NAME	~~GONZALEZ, SAUL~~	2.2 NAME	
STREET ADDRESS	~~118 EUCLID PLACE~~	2.3 STREET ADDRESS	
CITY-ST-ZIP	~~LABELLE FL 33935~~	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☒ Change ☐ Addition
NAME	GONZALEZ, ISIDORA	3.2 NAME	
STREET ADDRESS	~~118 EUCLID PLACE~~	3.3 STREET ADDRESS	ROUTE 3, BOX 709, G ROAD
CITY-ST-ZIP	LABELLE FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Isidora Gonzalez Isidora Gonzalez 1/18/95 813-675-0174
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

0134810 OP