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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 466538

HARMON FRUIT CONTRACTING, INC.

(6)

## **FILED** Feb 11 1997 8:00am Secretary of State

| randipal mad   | e or business   | Mailing Address   |                            |   |  |   |         |
|--|---|---|----------------------------|---|--|---|---------|
| ORANGE AVE EXTENSION P O BOX 1178 FT PIERCE FL 34954 |   | ORANGE AVE EXTENSION P O BOX 1178 FT PIERCE FL 34954-1178         |                            |   |  |   |         |
|  |   |   |                            |   | 3. Date Incorporated or Qualified 01/01/1975   | 3a. Date of Last Report 01/19/1996      |         |
| 2. Principal P                                       | race of Business  | 2a. Mailing Address   |                            |   | 4. FEI Number  | Applied For                             |         |
| 21   |   | 26  |                            |   | 59-1563590   | Not Applicabl                           | le      |
| Suite, Apt   |   | Suite, Apt. #, etc.   |                            |   | 5. Certificate of Status Desired   | \$8.75 Additional Fee Required          |         |
| City & Stat  | ย์  | City & State  |                            |   | Election Campaign Financing     Trust Fund Contribution                                      | \$5.00 May Be Added to Fees             |         |
| Zip 24   | Country Zip C 25 29 30  |   | Count                      | try                                     | 8. This corporation has liability for intangible tax under s. 199.03 Florida Statutes Yes No |   |         |
|  | 9. Name and Address of Curre  | ent Registered Agent  |                            | *************************************** | 10. Name and Address of New Reg  | jistered Agent                          | -       |
|  | CHTE, RONALD W  |   | 8                          | Name                                    |  |   |         |
|  | 51 ORANGE AVENUE<br>PIERCE FL 34945   |   |                            |   | ress (P.O. Box Number is Not Acceptab  | е)                                      |         |
|  |   | **  | 18.4                       | 13                                      |  | *************************************** |         |
|  |   | y die . T   |                            | City                                    |  | FL 85 Zip Code                          |         |
| 11. Pursuant office or ragent if a                   | registered agent or both, in the Stat<br>im familiar with, and accept the oblig | le of Florida. Such change was<br>gations of, Section 607.0505, F | authorized<br>forida Statu | by the corporates.                      | poration submits this statement for the p<br>ation's board of directors. I hereby accep      | t the appointment as registered         | d<br>-  |
|  | Signature, typed or printed name of mg stered as                                |   | <del></del>                | Agent signature requ                    | uired when reinstating)  | DATE                                    | _       |
| 12,  | OFFICERS AT   | ND DIRECTORS ,  |                            |   | ADDITIONS/CHANGES TO OFFIC   | Change Addition                         |         |
| TITLE  | WUCHTE, RONALD W  |   | 1.1 TITU                   |   |  | C change Notice                         | ,,,     |
| NAME   | 10751 ORANGE AVENUE   |   | 1.2 NAM                    | - 1                                     |  |   |         |
| STREET ADDRESS                                       | FT PIERCE, FL 00000   |   |                            | EET ADDRESS                             |  |   |         |
| CITY: S1 - ZIP                                       | FI FIENCE, FL 0000  | DELETE  |                            | -ST-ZIP                                 |  | Change Additio                          |         |
| TITLE  |   |   | 2.1 TITL                   |   |  | El cusulo El voculo                     | л       |
| NAME   |   |   | 2.2 NAM                    |   |  |   |         |
| STREET ADDRESS                                       |   |   |                            | EET ADDRESS                             |  |   |         |
| CITY-ST-7:P  |   | DELETE  |                            | Y - ST - ZIP                            |  | Change Additio                          |         |
| TIFLE  |   | € percie  | 3.1 TITL                   |   |  | C. C. Kenifig C. Watering               | JA F    |
| NAME   |   |   | 3.2 NAN                    |   |  |   |         |
| STREET ADORESS                                       |   |   |                            | eet address                             |  |   |         |
| CITY-SI-7IP  |   | DELETE  |                            | Y+ST+ZIP                                |  | Change Additio                          |         |
| THLE   |   | L_J DELETE  | 4.1 TOTA                   |   |  | Change Additio                          | JΠ      |
| NAME   |   |   | 4 2 NAI                    |   |  |   |         |
| STREET ADDRESS                                       |   |   |                            | EET ADDRESS                             |  |   |         |
| CITY - ST - 7IP                                      |   |   |                            | -ST-ZIP                                 |  |   | <b></b> |
| TITLE  |   | ☐ DELETE  | 5 1 TITL                   | i                                       |  | ☐ Change ☐ Additio                      | on      |
| NAME   | 1   |   | 5.2 NAM                    | Œ                                       | •<br>•   |   |         |

14. 1 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 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.

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

D(TY-\$1-2)P

CITY - ST - ZIP

TITLE MANE

DELETE

Change

Addition