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CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -2 PM 5:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # **506507**

1. Corporation Name

HARVEST GROVES, INC.

Principal Place of Business | Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
07/01/76	**04/24/94**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	
21 **1375 Buena Vista Drive**	26 **500 S. Buena Vista Street**	**591677721**	Applied For / Not Applicable
Suite, Apt. #, etc 22 **4th Floor-North**	Suite, Apt. #, etc 27	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23 **Lake Buena Vista, FL**	City & State 28 **Burbank, CA**	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip / Country 24 **32830** / 25 **U.S.**	Zip / Country 29 **91521-0340** / 30 **U.S.**	8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Ioppolo, Frank S. 1375 Buena Vista Drive 4th Floor North Lake Buena Vista, FL 32830	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 _____ 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	PD	11 TITLE	☐ Change ☐ Addition
NAME	Green, Judson C.	12 NAME	
STREET ADDRESS	500 S. Buena Vista Street	13 STREET ADDRESS	
CITY ST ZIP	Burbank, CA 91521	14 CITY ST ZIP	
TITLE	S	21 TITLE	☐ Change ☐ Addition
NAME	Ioppolo, Frank S.	22 NAME	
STREET ADDRESS	1375 Buena Vista Drive	23 STREET ADDRESS	
CITY ST ZIP	Lake Buena Vista, FL 32830	24 CITY ST ZIP	
TITLE	VT	31 TITLE	☐ Change ☐ Addition
NAME	Carpenter, Parris E.	32 NAME	
STREET ADDRESS	1375 Buena Vista Drive	33 STREET ADDRESS	
CITY ST ZIP	Lake Buena Vista, FL 32830	34 CITY ST ZIP	
TITLE	ASD	41 TITLE	☐ Change ☐ Addition
NAME	Reed, Marsha L.	42 NAME	
STREET ADDRESS	500 S. Buena Vista Street	43 STREET ADDRESS	
CITY ST ZIP	Burbank, CA 91521	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	Litvack, Sanford M.	52 NAME	
STREET ADDRESS	500 S. Buena Vista Street	53 STREET ADDRESS	
CITY ST ZIP	Burbank, CA 91521	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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: _____ 4/14/95 (818) 560-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Area Code and Daytime Phone Number)

Marsha L. Reed