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May 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT

1997



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

DOCUMENT # 506507

(3)

1. Corporation Name
HARVEST GROVES, INC.

Principal Place of Business
P.O. BOX 10000
ATTN: LEGAL DEPARTMENT
LAKE BUEN VISTA FL 32830
US

Mailing Address
500 SOUTH BUEN VISTA STREET
BURBANK CA 91521-0001
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 91521-0586 30 USA

2a. Mailing Address

26 500 S. Buena Vista St.
27 Suite, Apt. #, etc.

28 Burbank, CA

29 Zip Country

3. Date Incorporated or Qualified

07/01/1976

3a. Date of Last Report

05/01/1996

4. FEI Number

59-1677721

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

IOPPOLO, FRANK S.
1375 BUENA VISTA DRIVE
4TH FLOOR NORTH
LAKE BUENA VISTA FL 32830

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME GREEN, JUDSON C.
STREET ADDRESS 500 SOUTH BUENA VISTA ST
CITY-ST-ZIP BURBANK CA

TITLE VT ☐ DELETE

NAME CARPENTER, FARRIS E.
STREET ADDRESS 1375 BUENA VISTA DR 4 NO
CITY-ST-ZIP LAKE BUENA VISTA FL

TITLE S ☐ DELETE

NAME IOPPOLO, FRANK S
STREET ADDRESS 1375 BUENA VISTA DR 4 NO
CITY-ST-ZIP LAKE BUENA VISTA FL 32830

TITLE ASD ☐ DELETE

NAME REED, MARSHA L.
STREET ADDRESS 500 SOUTH BUNEA VISTA ST
CITY-ST-ZIP BURBANK CA

TITLE D ☐ DELETE

NAME SANFORD, LITVACK M.
STREET ADDRESS 500 SOUTH BUNEA VISTA ST
CITY-ST-ZIP BURBANK CA

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP 91521

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP 32830

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

500 S. Buena Vista Street

4.4 CITY-ST-ZIP

91521

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

Litvack, Sanford M.
500 S. Buena Vista St.

91521

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 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: **Marsha L. Reed**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(818) 560-1000
3-25-97
Date Daytime Phone #

CR2E034 (9/96)