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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **521990** **(2)**

1. Corporation Name
EAGLE LAKE HARVESTING CORPORATION

Principal Place of Business	Mailing Address
HIGHWAY 80. WEST P.O. BOX 459 LABELLE FL 33935	PO BOX 459 ATTN: KATHY MCDANIEL LABELLE FL 33975-0459 US

2. Principal Place of Business 21	2a. Mailing Address 26 P.O. Box 5609	3. Date Incorporated or Qualified 01/11/1977	3a. Date of Last Report 01/30/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Attn: Kathy McDaniel	4. FEI Number 59-1750706	☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 Winter Haven Fl	5. Certificate of Status Desired ☒	$8.75 Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 33880 / 30 USA	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

MURPHY, MICHAEL
HIGHWAY 80, WEST
LABELLE FL 33935

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 _____ 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	S MCDANIEL, KATHY 270 LIVE OAK LANE LABELLE FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MURPHY, MICHAEL HIGHWAY 80, WEST LABELLE FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SELLERS, CALVIN C JR HWY 80, WEST LABELLE FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	VD Kemper,WE 3655 SR 80 West Alva FL 33920	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SAXON, NANCY S HWY 80, WEST LABELLE FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/96)

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: _____ Kathy H. McDaniel 1/3/97 941/324-4988
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #