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

APPROVED AND FILED

95 MAR -7 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 622735 (9)

1. Corporation Name
SEMINOLE HARVESTING, INC.

Principal Place of Business	Mailing Address
4001 SEMINOLE-PRATT WHITNEY RD. P O BOX 98 LOXAHATCHEE FL 33470-7098	4001 SEMINOLE-PRATT WHITNEY RD. P O BOX 98 LOXAHATCHEE FL 33470-7098

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/23/1979
3a. Date of Last Report: 02/09/1994
4. FEI Number: 59-1927117 ☐ 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

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

9. Name and Address of Current Registered Agent

YATSKO, PAUL N.
4001 SEMINOLE-PRATT WHITNEY RD.
LOXAHATCHEE FL 33470-0098

10. Name and Address of New Registered Agent

81 Name: Wallace R. Hewitt
82 Street Address (P.O. Box Number is Not Acceptable): 4001 Seminole Pratt Whitney Road
83:
84 City: Loxahatchee FL 85 Zip Code: 33470

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: Wallace R. Hewitt
(Signature, type or printed name of registering agent and, if an officer, title) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD CALLERY, JAMES 4001 SEMINOLE-PRATT WHIT LOXAHATCHEE FL	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 DAVIS, JR. L.J. 4001 SEMINOLE-PRATT WHIT LOXAHATCHEE FL	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition Scott Massey 4001 Seminole Pratt Whitney Road Loxahatchee, Florida 33470
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BRONSON, STANLEY 4001 SEMINOLE-PRATT WHIT LOXAHATCHEE FL	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TSD YATSKO, PAUL N 4001 SEMINOLE-PRATT WHIT LOXAHATCHEE FL	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☒ Change ☐ Addition Wallace R. Hewitt 4001 Seminole Pratt Whitney Road Loxahatchee, Florida 33470
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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 added on an attachment with an address.

SIGNATURE: Wallace R. Hewitt 3-10-95 407/793-1676
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0430230 FP