

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

FILED
Feb 24 1998 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # F74895 (6)

1. Corporation Name
N & N HARVESTING, INC.

Principal Place of Business
C/O DAVID ANTHONY NORKA
148 REEDY BLVD PO BOX 252
FROSTPROOF FL 33843-0252

Mailing Address
C/O DAVID ANTHONY NORKA
148 REEDY BLVD PO BOX 252
FROSTPROOF FL 33843-0252



DO NOT WRITE IN THIS SPACE

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 PO Box 252 |
| 22 City & State | 27 Suite, Apt. #, etc. |
| 23 Zip | 28 Frostproof FL |
| 24 Country | 29 33843 |
| 25 | 30 USA |

| | | |
|---|---|-----------------------------|
| 3. Date Incorporated or Qualified | 4. FEI Number | Applied For |
| 04/05/1982 | 59-2141827 | Not Applicable |
| 5. Certificate of Status Desired | 6. Election Campaign Financing | 7. Additional Fee Required |
| <input type="checkbox"/> | Trust Fund Contribution <input type="checkbox"/> | \$8.75 May Be Added to Fees |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. | 9. Yes <input type="checkbox"/> No <input type="checkbox"/> | |

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|--|--|
| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
| NORKA, DAVID ANTHONY 148 REEDY BLVD. FROSTPROOF FL 33843 | 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 607.1506, 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 true if applicable

(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 | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP |
| PD NORKA, DAVID ANTHONY 148 REEDY BLVD. FROSTPROOF FL | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP |

14. I 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0418462

CR2E034 (10/97)