

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

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90100 004 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # H34193

1. Corporation Name
STEWART HARVESTING, INC.

Principal Place of Business
504 HWY. 17-92 NORTH
HAINES CITY FL 33844
US

Mailing Address
P. O. BOX 899
HAINES CITY FL 33845-0899
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 12/14/1984		4. FEI Number 59-2472655		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		5-8.75 Additional Fee Required		5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent CRANO, MARIE ALICE 3995 U.S. HWY 27 SOUTH LAKE WALES FL 33853				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL					

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	DELETED	1.1 TITLE	Change			Addition
NAME	STEWART, RICHARD M.		1.2 NAME				
STREET ADDRESS	3080 E SHAMROCK EXT.		1.3 STREET ADDRESS				
CITY-ST-ZIP	HAINES CITY FL		1.4 CITY-ST-ZIP				
TITLE	DV	DELETED	2.1 TITLE	Change			Addition
NAME	STEWART, ELSIE M.		2.2 NAME				
STREET ADDRESS	3290 PATTERSON ROAD		2.3 STREET ADDRESS				
CITY-ST-ZIP	HAINES CITY FL		2.4 CITY-ST-ZIP				
TITLE	ST	DELETED	3.1 TITLE	Change			Addition
NAME	WANDLESS, MARGARET		3.2 NAME				
STREET ADDRESS	2512 LAKE WADE CT		3.3 STREET ADDRESS				
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP				
TITLE		DELETED	4.1 TITLE	Change			Addition
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		DELETED	5.1 TITLE	Change			Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		DELETED	6.1 TITLE	Change			Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			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 any address, with all other like empowered.

SIGNATURE: Margaret Wandless Margaret Wandless 4-13-99 941-422-3904
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #