

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J30600 (7)

1. Corporation Name

SURRATT HARVESTING, INC.

Principal Place of Business

% Lewis P. Surratt
310 North 13th St.
Dade City, Fl 33525

Mailing Address

% Lewis P. Surratt
310 North 13th St.
Dade City, Fl 33525

3. Date Incorporated or Qualified

8/27/86

3a. Date of Last Report

4/1195

2. Principal Place of Business

21 **1701 Charlie Griffin Road**

Suite, Apt. #, etc.

2a. Mailing Address

26 **Post Office Box 3788**

Suite, Apt. #, etc.

4. FEI Number

59-2706034

Applied For

Not Applicable

22 City & State

23 **Plant City, Fl**

Zip

24 **33566**

Country

25 **Hillsborough**

City & State

28 **Plant City, Fl**

Zip

29 **33564**

Country

30 **Hillsborough**

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

10. Name and Address of New Registered Agent

SURRATT, LEWIS P.
310 North 13th Street
Dade City, Fl 33525

81 Name

LEWIS P. SURRATT

82 Street Address (P.O. Box Number is Not Acceptable)

1701 Charlie Griffin Road

83

Plant City, Fl 33566

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 **SURRATT, LEWIS P.**
STREET ADDRESS **310 N. 13th Street**
CITY-ST-ZIP **Dade City, Fl**

TITLE **ST** ☐ DELETE
NAME **SHUMP, JAMES R.**
STREET ADDRESS **300 W. Reynolds Street**
CITY-ST-ZIP **Plant City, Fl**

TITLE **VP** ☐ DELETE
NAME **VERNER, ED M.**
STREET ADDRESS **300 W. Reynolds Street**
CITY-ST-ZIP **Plant City, Fl**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **SURRATT, LEWIS P.**
1.3 STREET ADDRESS **1701 Charlie Griffin Road**
1.4 CITY-ST-ZIP **Plant City, Fl 33566**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

600001748468
-03/19/96--01024--025
*****200.00**

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)(k), 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
James R. Shump, Secretary

3/15/96

Date

Daytime Phone: #

CR2E034 (12/95)