

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 09, 1999 8:00 am  
Secretary of State

03-09-1999 90071 006 \*\*\*150.00

DOCUMENT # J30600

1. Corporation Name

SURRATT HARVESTING, INC.

Principal Place of Business  
1701 CHARLIE GRIFFIN ROAD  
PLANT CITY FL 33566

Mailing Address  
P O BOX 3778  
PLANT CITY FL 33564  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/27/1986

4. FEI Number

59-2706034

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 3010 N. FRONTAGE ROAD

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State  
PLANT CITY, FLORIDA

28 City & State

24 Zip 33565 Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SURRATT, LEWIS P  
1701 CHARLIE GRIFFING ROAD  
PLANT CITY FL 33566

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
3010 N. FRONTAGE ROAD

83

84 City

PLANT CITY,

FL

85 Zip Code  
33565

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 PD ☐ DELETE  
NAME SURRATT, LEWIS P.  
STREET ADDRESS 14104 OLD MISSION RD  
CITY-ST-ZIP DADE CITY FL 33525

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 3010 N. FRONTAGE ROAD  
1.4 CITY-ST-ZIP PLANT CITY, FL 33565

TITLE ST ☐ DELETE  
NAME SHUMP, JAMES R.  
STREET ADDRESS 300 W. REYNOLDS STREET  
CITY-ST-ZIP PLANT CITY FL

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 110 E. REYNOLDS STREET, SUITE 700  
2.4 CITY-ST-ZIP PLANT CITY, FL 33566

TITLE V ☐ DELETE  
NAME VERNER, ED M.  
STREET ADDRESS 300 W REYNOLDS ST  
CITY-ST-ZIP PLANT CITY FL

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS 110 E. REYNOLDS STREET, SUITE 700  
3.4 CITY-ST-ZIP PLANT CITY, FLORIDA 33566

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)