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**PROFIT** CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortnam

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

K04569

(5)

LATT MAXCY HARVESTING, INC.



33 E. WALL					I			
rincipal Place of Business 33 E. WALL ST P.O. BOX 158 FROSTPROOF FL 33843		33 E. WALL ST P.O. BOX 158 FROSTPROOF FL 33843			Date Incomprated or Qualified	3a. Date	of Last Re	egort .
					<ol> <li>Date Incorporated or Qualified 12/02/1987</li> </ol>	3a. Date	4/28/19	995
		2a. Mailing Address				1	1 1	Applied For
Principal Place of Business		26. Walling Address		4. FEI Number 59-2858212		1	Not Applicable	
Suite, Apt. #,	alc	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional
Suite, Apr. #,	, E.G.	27			5. Cerbilidate di Status Dosilod			Required
City & State		Orty & State			6. Election Campaign Financing			May Be
]		28			Trust Fund Contribution			d to Fees
Ziçi	Country	Zip	Countr	ý	This corporation has liability for Florida Statutes  I yes	intangibie taz	k under s	195.002.,
	25	29	30		10. Name and Address of New F		gent	
	9. Name and Address of Curren	it Hegistereo Agent	81	Name				
WILSON	J P T		-		(C. C. Boy Murphy is Not Acceptate	<u> </u>		
33 E. W	•		82	Street Add	lress (P.O. Box Number is Not Acceptat			
	PROOF FL 33843		8:	3				-
			8	1 01			<b>85</b> Z	p Code
4			-	1		FL		•
1. Quenuant to	the provisions of Sections 607 0502	and 607,1508, Florida Statu	ites, the above	named corpo	oration submits this statement for the pu and of directors. Thereby accept the app	rpose of cha	inging its	registered office
				poration's bo	ard of directors. I hereby accept the app	ion in rone as	rogistato	a Ligotite i o
Tamiliar with	h, and accept the obligations of, Sect	on 607,0000, rionda status	y <b>.</b>					
IGNATURE _	Signature: Typed or profest not a loft-ejestice diagent	ra introducedo (f	NOTE: Ragistered Ad	of Signature restal	rest when the stating)	DATE		
` 2.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OF			
								I I AGUIDUI
ITLE	PD	☐ DELETE	- 1 1 TiTL	E		L	Change	
	WILSON, P. T.	☐ DELETE	1 1 TITL 1 2 NAM			L	_] Change	
AME	WILSON, P. T. 100 N PALM AVE	☐ DELETE	1.2 NAM			L	Change	<b>_</b> ,~~~
IAME TREET ADDRESS	WILSON, P. T. 100 N PALM AVE FROSTPROOF FL	_	1.2 NAM	ET ADDRESS		_		
AME TREET ADDRESS ITY-ST-ZIP	WILSON, P. T. 100 N PALM AVE FROSTPROOF FL VO	DELFTE	1 2 NAM 1 3 S*RE	ET ADDRESS -ST-ZIP		_	Change	
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iame Street address City-St-Zip Title	WILSON, P. T. 100 N PALM AVE FROSTPROOF FL VD WILSON, PATRICIA (AST T 3615 JETTON AVE	DELFTE	1 2 NAM 1 3 S*RE 1 4 City 2 1 T Tu 2 2 NAM	ET ADDRESS -SI-ZIP		_		
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NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADORESS  CITY-ST-ZIP  TITLE	WILSON, P. T. 100 N PALM AVE FROSTPROOF FL VD WILSON, PATRICIA (AST T 3615 JETTON AVE TAMPA FL VD WILSON, CLAYTON G.	) DETELE	1 2 NAM 1 3 STRE 1 4 CITY 2 1 T TU 2 2 NAM 2 3 STRI 2 4 CITY 3 1 T TU 3 2 NAM	E ET ADDRESS -ST-2IP F F ELT ADDRESS -ST-ZIP E		(	Change	☐ Addition
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NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	WILSON, P. T. 100 N PALM AVE FROSTPROOF FL VD WILSON, PATRICIA (AST T. 3615 JETTON AVE TAMPA FL VD WILSON, CLAYTON G. 906 ROYAL PALM CIR WINTER HAVEN FL D FUNK, W. C. 222 W. WALL ST FROSTPROOF FL	DELETE	1 2 NAM 1 3 STRE 1 4 CITY 2 1 T TL 2 2 NAM 2 3 STRE 2 4 CITY 3 1 T TL 3 2 NAM 3 3 STRE 3 4 CITY 4 1 T TL 4 2 NAM 4 3 STRE 4 4 CITY 5 1 T T	ELL ADDRESS -SI-ZIP E E E E ELL ADDRESS -SI-ZIP E E EEL ADDRESS (-SI-ZIP LE	5000018 -05/07/9601 ***200.00	1 02:	Change Change Crange	Addition Addition
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NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	WILSON, P. T. 100 N PALM AVE FROSTPROOF FL VD WILSON, PATRICIA (AST T 3615 JETTON AVE TAMPA FL VD WILSON, CLAYTON G. 906 ROYAL PALM CIR WINTER HAVEN FL D FUNK, W. C. 222 W. WALL ST FROSTPROOF FL STD CRADDOCK, F. HOOD 145 LAKE OTIS ROAD	DELETE  DELETE	1 2 NAM 1 3 STRE 1 4 CITY 2 1 T IL 2 2 NAM 2 3 STRE 2 4 CITY 3 1 T IL 3 2 NAM 3 3 STRE 4 CITY 4 1 T IT 4 2 NAM 4 3 STRE 4 4 CITY 5 1 T IT 5 2 NAM 5 3 STRE 5 4 CIT 6 1 T IT 6 2 NAM	ELL ADDRESS -SI-ZIP E ELL ADDRESS -SI-ZIP E EEL ADDRESS (-SI-ZIP LE LE ADDRESS (-SI-ZIP LE LE ADDRESS (-SI-ZIP LE LE ADDRESS (-SI-ZIP LE ME	5000018 -05/07/9601 ***200.00	1 02: 0100	Change Change Change	Addition Addition Addition
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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 armual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR