

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 # **K04569** (5)
1. Corporation Name
LATT MAXCY HARVESTING, INC.



Principal Place of Business
**33 E. WALL ST
P.O. BOX 158
FROSTPROOF FL 33843**

Mailing Address
**33 E. WALL ST
P.O. BOX 158
FROSTPROOF FL 33843**

3. Date Incorporated or Qualified **12/02/1987** 3a. Date of Last Report **04/26/1995**

4. FEI Number **59-2858212** 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

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

9. Name and Address of Current Registered Agent

**WILSON, P. T.
33 E. WALL ST
FROSTPROOF FL 33843**

10. Name and Address of New Registered Agent

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 607.1508, 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 in Block 9

(Print) Registered Agent's signature is required when first stating

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	WILSON, P. T.	<input type="checkbox"/> DELETE
NAME		100 N PALM AVE	
STREET ADDRESS		FROSTPROOF FL	
CITY-ST-ZIP			
TITLE	VD	WILSON, PATRICIA (AST T)	<input type="checkbox"/> DELETE
NAME		3615 JETTON AVE	
STREET ADDRESS		TAMPA FL	
CITY-ST-ZIP			
TITLE	VD	WILSON, CLAYTON G.	<input type="checkbox"/> DELETE
NAME		906 ROYAL PALM CIR	
STREET ADDRESS		WINTER HAVEN FL	
CITY-ST-ZIP			
TITLE	D	FUNK, W. C.	<input checked="" type="checkbox"/> DELETE
NAME		222 W. WALL ST	
STREET ADDRESS		FROSTPROOF FL	
CITY-ST-ZIP			
TITLE	STD	CRADDOCK, F. HOOD	<input type="checkbox"/> DELETE
NAME		145 LAKE OTIS ROAD	
STREET ADDRESS		WITNER HAVEN FL	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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*****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

4/26/96

(941) 635-4804

CR2E034 (12/95)