

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 # K81306 (8)

1. Corporation Name

WITTER'S CUSTOM HARVEST, INC.



Principal Place of Business

Mailing Address

C/O SCOTT E. WITTER
1775 DRULINER RD.
ST. CLOUD FL 34771

C/O SCOTT E. WITTER
1775 DRULINER RD.
ST. CLOUD FL 34771

3. Date Incorporated or Qualified
04/18/1989

3a. Date of Last Report
05/01/1995

2. Principal Place of Business
21 **1776 Druliner Rd.**
Suite, Apt. #, etc.

2a. Mailing Address
26 ~~Same~~ **1776 Druliner Rd.**
Suite, Apt. #, etc.

4. FEI Number
59-2953321
Applied For
Not Applicable

22 City & State
23 **St. Cloud, FL**

27 City & State
28 **St. Cloud, FL**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 Zip **34771** 25 Country **USA**

29 Zip **34771** 30 Country **USA**

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

**WITTER, SCOTT E.
1775 DRULINER ROAD
ST. CLOUD FL 34771**

81 Name **Scott E. Witter**
82 Street Address (P.O. Box Number is Not Acceptable)
1776 Druliner Rd
83
84 City **St. Cloud** FL 85 Zip Code **34771**

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 **Scott Witter**

Scott Witter, President

3-4-96

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	President	<input type="checkbox"/> DELETE
NAME	WITTER, SCOTT	
STREET ADDRESS	1775 DRULINER RD.	
CITY-ST-ZIP	ST. CLOUD FL	
TITLE	Secretary / Treasurer	<input type="checkbox"/> DELETE
NAME	WITTER, RENEE A.	
STREET ADDRESS	1775 DRULINER RD.	
CITY-ST-ZIP	ST. CLOUD FL	
TITLE	[Redacted]	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1776 Druliner Rd.
1.4 CITY-ST-ZIP	St. Cloud, FL 34771
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1776 Druliner Rd.
2.4 CITY-ST-ZIP	St. Cloud, FL 34771
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Director
3.3 STREET ADDRESS	LaMar From
3.4 CITY-ST-ZIP	1145 Sunlight Ct. St. Cloud, FL 34771
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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:

Renee A. Witter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/96 407-892-1451
Date Daytime Phone

CR2E034 (12/95)