FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
1995 MAY -1 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02999 (5)

1. Corporation Name
GOLDEN HARVEST OF CHARLOTTE COUNTY, INC.

Principal Place of Business	Mailing Address
C/O W. KEVIN RUSSELL 1777 TAMIAMI TRAIL PORT CHARLOTTE FL 33948	C/O W. KEVIN RUSSELL 1777 TAMIAMI TRAIL PORT CHARLOTTE FL 33948

address changed

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/19/1989
3a. Date of Last Report: 02/07/1994 date

2. Principal Place of Business
21
Suite, Apt. #
22 MR. WU'S CHINESE GOURMET
PORT CHARLOTTE TOWN CENTER
1441 TAMIAMI TRAIL, ROOM #619
City & State
23 PORT CHARLOTTE, FL 33948
Zip 24
Country 25

2a. Mailing Address
26
Suite, Apt. #
27 MR. WU'S CHINESE GOURMET
PORT CHARLOTTE TOWN CENTER
1441 TAMIAMI TRAIL, ROOM #619
City & State
28 PORT CHARLOTTE, FL 33948
Zip 29
Country 30

4. FEI Number: 65-0137856 ☐ 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

9. Name and Address of Current Registered Agent

RUSSELL, W. KEVIN
1777 TAMIAMI TRAIL
PORT CHARLOTTE FL 33948

10. Name and Address of New Registered Agent

81 Name: RUSSELL, W. KEVIN
82 Street Address (P.O. Box Number is Not Acceptable): 18501 MURDOCK CIRCLE, 6TH FLOOR
83
84 City: PORT CHARLOTTE FL 85 Zip Code: 33948

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 of new registered agent) (Name of Registered Agent, typed or printed, after signature) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	LEUNG, STEVE	12 NAME	800001491788
STREET ADDRESS	4536 TAMIAMI TRAIL	13 STREET ADDRESS	-05/17/95--01133--021
CITY ST ZIP	CHARLOTTE HRBR. FL	14 CITY ST ZIP	****225.00 ****225.00
TITLE	VP	21 TITLE	☐ Change ☐ Addition
NAME	LEUNG, DIH DIH	22 NAME	
STREET ADDRESS	149 BARRE DR.	23 STREET ADDRESS	
CITY ST ZIP	PORT CHARLOTTE FL	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	CHEN, CHAT YIN	32 NAME	
STREET ADDRESS	148 BARRE DR.	33 STREET ADDRESS	
CITY ST ZIP	PORT CHARLOTTE FL	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	CHEN, WAI HAN	42 NAME	
STREET ADDRESS	148 BARRE DR.	43 STREET ADDRESS	
CITY ST ZIP	PORT CHALOTTE FL	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	DOA ☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	5-1-95

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)(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.

SIGNATURE: Steve Leung - STEVE LEUNG 5/9/95 (813)624-3938
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #

0338100 CP