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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L55363
1. Corporation Name
A. H. HARVESTING, INC.

(0)

FILED Apr 23 1997 8:00am Secretary of State

% NORMA F. (9180 N KINGS	ICIPAL Place of Business Mailing Address IORMA F. CASSENS IN KINGS HWY PIERCE FL 34951 Mailing Address NORMA F. CASSENS 3180 N KINGS HWY FT PIERCE FL 34951-4025			3. Date Incorporated or Qualified 3a. Date of Last Report			
2. Principal F	Place of Business	2a. Mailing Address			03/05/1990 4. FEI Number	04/25/1996	
2. Principal Flace of Business		26 26		65-0175768		Applied For Not Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	Ζφ	Coun	try	8. This corporation has liability for in	8. This corporation has liability for intangible tax under s. 199.032.	
24	25 9. Name and Address of Current	29 Registered Agent	30		Florida Statutes 10. Name and Address of New Rec	Yes No	
CAS	SSENS, STEVEN D.	nogratorou Agent		31 Name	IV. Hame and Address of New Reg	notered Agent	
318	O NORTH KINGS HIGHWAY			32 Street Ad	Idress (P.O. Box Number is Not Acceptabl	01	
FT.	PIERCE 34951				idioss (rc., dox indilibel is indi Acceptabl	····	
			1	33			
			1	34 City		FL 85 Zi	p Code
11. Pursuant office or l agent. I s SIGNATURE	to the provisions of Sections 607.0502 registered agent, or both, in the State of am familiar with, and accept the obligat	and 607.1508, Florida Statu f Florida Such change was ons of, Section 607.0505, F	iles, the abo authorized forida Statu	ove-named co by the corpor tes.	orporation submits this statement for the poration's board of directors. I hereby accep	rpose of changing the appointment a	its registered as registered
	Signature, typed or printed name of registered agent	CONTRACTOR		Agent signature roc	quired when reinstating)	DATE	
12.	OFFICERS AND	DIRECTORS DELETE	13.	-	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTO	
NAME	CASSENS, STEVEN D.		1.1 TITE 1.2 NAM			L. Change	: LJ MUUIIIUII
STREET ADDRESS	3180 NORTH KINGS HIGHWAY FT. PIERCE FL		1.3 STR	EET ADDRESS			
CITY-ST-ZIP TITLE	V	☐ DELETE	2.1 TITU	r-S1-ZIP F		Change	Addition
NAME	CASSENS, NORMA F.	CASSENS, NORMA F.		lE .			
STREET ADDRESS	3180 NORTH KINGS HIGHWAY		2 3 S1RI	LET ADDRESS			
CITY-ST-ZIP	FT. PIERCE FL		2 4 CIT	Y-SI-7IP			
TITLE		☐ DELETE	311/11			Change	Addition
NAME OTDECT ADDRESS			3.2 NAM				
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS			
TITLE		☐ DELETE	4.1 1IIL	Y-ST-7IP F		Change	Addition
NAME		<u> </u>	4. 2 NA				
STREET ADDRESS			4.3 \$1R	EET ADDRESS			
CITY-ST-ZIP			4.4 CITY	'-ST-ZIF			
TITLE		☐ DELLIE	5.1 T(TL			Change	: Addition
NAME			5.2 NAM				
STREET ADDRESS				FET ADDRESS			
TITLE		DELETE	5.4 CITY 6.1 TITL	- S1 - Z(P		Change	Addition
NAME		percep	6.2 NAM			Onange	. 1I MODITION
STREET ADDRESS	1			EET ADDRESS			
	1		0.00				

14. I do 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 eath; 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 12 or an an attachment with an address.

CICALATURE.

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