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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

Principal Place of Business

L56900

(8)

Mailing Address

1. Corporation Name

HARLOFF PACKING OF EAST TENNESSEE, INC.

| | 5424 ENKA HIGHWAY, MORRISTOWN. MORRISTOWN TN 37814 US | TN 37814 | PO BOX 1787 BRADENTON FL 34206 US | | | | | Incorporated or Qualifi | ed | | te of Last Report 05/01/1995 |
|---|---|----------------------|---|----|--|---------|---|--|-------|------------|-----------------------------------|
| 2. | Principal Place of Business | }- ·¬ı | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 | | | | 4. FEI Number 58-1887110 | | | L | Applied For Not Applicable |
| <u>.</u> | Suite, Apt. #, etc. | | | | | | 5. Certificate of Status Desired | | 1 | | \$8.75 Additional Fee Required |
| 22 | City & State | 28 | City & State | | | | | tion Campaign Financin It Fund Contribution | ıg | | \$5.00 May Be Added to Fees |
| 23 | Zip Country | 29 | Zip Country | | | | This corporation has liability for intangible tax under s 199.032, Florida Statutes | | | | |
| 24 | 9. Name and Addres | Y | 10. Name and Address of New Registered Agent | | | | | | | | |
| | g. Name and Addres | is of Carrent rings. | | 81 | 1 | Name | | | | | |
| MCGUIRE AND PARRY 1001 THIRD AVE. WEST | | | | | 2 Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| SUITE 600 BRADENTON FL 34205 | | | | | | | | | | | |
| | | | | | | City F1 | | | | | |
| | | | | | | | tion and bear | ite this statement for th | ia nu | roose of a | hanning its registered office |

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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of. Section 607.0505, Florida Statutes.

| | grange wood or printed have of registers and of and the OFFICERS AND DIRE | | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
|---------------------------|--|--------------|---------------------|--|
| TULE | P | DELETE | 1 1 Trice | ☐ Change 🔼 Addition |
| ! | HARLOFF, ROGER | | 1.2 NAME | |
| NAME | 8104 OAK DR | | 1.3 STREET ADDRESS | |
| STREET ADDRESS | ELLENTON FL | | 14 City - St - ZiP | £4222. ☐ Change ☐ Addition |
| CITY-ST ZIP | ST | DELETE | 2 1 TITLE | ☐ Change 🙀 Addition |
| NAME | TIPTON, JOHN | | 2.2 NAME | |
| • | 6210 GLEN ABBEY LANE | | 2.3 STREET ADDRESS | |
| STREET ADDRESS | BRADENTON FL | | 2.4 City - ST 7.P | 34202 |
| CITY - ST - 7IP TITLE | DINDLITION 12 | DELETE | 3 1 TiTLE | Change Addit on |
| | | | 3.2 NAME | |
| NAME CERCEL ADDRESS | | | 3.3 STREET ADDRESS | |
| STREET ADDRESS | | | 3.4 CitY - ST - ZiP | |
| CITY-ST-ZIF 1:TLF | | ["] DELETE | 4 1 TILE | Change Addition |
| | | _ | 4.2 NAME | |
| NAME OFFICE A NOD-SEGO | | | 4.3 STREET ADDRESS | |
| STREET ADDRESS | | | 4.4 Ci1Y - ST - ZIP | |
| CITY-ST-ZIP TITLE | | DELETE | 5 1 TOLE | ☐ Change ☐ Addition |
| NAME | | _ | 5.2 NAME | |
| | | | 5.3 STREET ADDRESS | |
| STREET ADDRESS | | | 5.4 C(TY+S1-7)P | |
| CITY-ST-ZIP TITLE | | DELETE | 6 1 TIFLE | Change Addition |
| | | J | 62 NAME | |
| NAME | | | 6.3 STREET ADDRESS | |
| STHEE! ADDRESS | | | 64 CITY - ST - ZIP | |
| CITY - ST - ZIP | | | | College State of the Section 119 O7(3)(k) Florida Statutes I further |

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 13 if changed, or on an attachment with an address.

SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAY A. T. PTOD 4/25/94 941-729-3871

CR2E034 (12/95)