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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1996

Record R	INCASURE COAST HARVESTING ASSOCIATION, INC.									
P.O. BOX 1442 (ZP 34954) F.D. RENCE FL 34954 FT. PIERCE FL 34954 F	Principal Place of Business Mailing Address						I INDIIIOI DIE HOID INDI EIIOF IDIII	BOIL BIRIT OF	IBER WARLE BARLE	BION OLDIN 1001
2. Principal Place of Business 2. Maining Address 3. Date (bottproted) 2. Principal Place of Business 2. Maining Address 3. See 3. See 3. Applied for 3. Applied for 3. See 3. See 3. See 3. Applied for 3. See	P.O. BOX 1442 (ZIP 34954) P.O. BOX 1442 (ZIP		P.O. BOX 1442 (ZIP 3495	34954)						
Sulfe, Apt.	· · · · · · · · · · · · · · · · · · ·							3a. [
Compared States Compared S	2. Principal Pla 21						Not Applicable			
Zo	Suite, Apt. #	• • •	27			5. Certificate of Status Desired		+		
Product Statutes	City & State		28			, -				
FOWLER, MICHAEL D. 1905 SOUTH 25TH STREET FT. PIERCE FL 34947 82 Street Arb bross [P.O. Box Number is Not Acceptable] 82 Street Arb bross [P.O. Box Number is Not Acceptable] 83 Street Arb bross [P.O. Box Number is Not Acceptable] 83 Street Arb bross [P.O. Box Number is Not Acceptable] 84 Oilty	Zip 24	25	29	_	intry		Florida Statutes	☐ Yes [] No	199.032,
FOWLER, MICHAEL D. 1905 SOUTH 25TH STREET FT. PIERCE FL 34947 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617 (0002 and 612 1508, Florida, Statutes, the above named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, Statutes, the above named corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida, Statutes, the above named corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida, Statutes or the above named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Scribtion 617.0503, Prick Statutes. SIGNATURE Symmet florida prick florida florida florida florida florida floridated by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with an accept the obligations of Scribtion 617.0503, Prick Statutes, the above named of directors. I hereby accept the appointment as registered agent. I am familiar with a factor of the factor floridated by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with a factor floridated by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with a factor floridated by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with a factor floridate by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with a factor floridated by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with a factor floridated by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with a factor floridated by the corporation's board of directors. I hereb		9. Name and Address of Current R	egistered Agent				10. Name and Address of New R	egistered	Agent	
11. Pursuant to the provisions of Sections 617 0502 and 617 1508. Pavida Statutes, the above-named corporation's baard of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Foorida. 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 obligiations of, Section 617,0502 by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligiations of, Section 617,0502 by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligiations of, Section 617,0502 by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligiations of, Section 617,0502 by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with a section of the obligiation of the obligion of the ob					81	Name				
## City ## Cit					82	Street Add	ress (P.O. Box Number is Not Acceptab	le)		
### City	1905 SOUTH 25TH STREET									
1. Pursuant to the provisions of Socions 617 0502 and 617,1508, Provida Statutes, the above-hamed corporation submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Fiorda. 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, Socion 617,0503, Florida Statutes. SIGNATURE	ft. Pier	CE FL 34947			83					
1. Pursuant to the provisions of Socions 617 0502 and 617,1508, Provida Statutes, the above-hamed corporation submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Fiorda. 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, Socion 617,0503, Florida Statutes. SIGNATURE					84	City			R5 Zir	n Code
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12	or registere	ed agent, or both, in the State of Florida.	Such change was authorized	, the abo d by the c	ove-na corpo	amed corpor ration's boa	ration submits this statement for the pur rd of directors. I hereby accept the appo	pose of ch pintment a	nanging its r is registered	egistered office Lagent. Lam
12	SIGNATURE									
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			this filing is voluntarily furnis				for the exemption stated in Section 119	.07(3)(k), F	lorida Statu	ites. 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 617, Florida Statutes; and that my name appears in Block 13 in charged, or on an attachment with an address.

SIGNATURE:

TURE AND TYPED OR PROPED NAME OF SIGNING OFFICER OR DIRECTOR

5/30/96 407-468-0730