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FILED

May 30 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N24473 (3)

1. Corporation Name

NATURE'S HARVEST, INC.

Principal Place of Business

C/O LEAH PALUMBO
1405 HIGHLAND AVENUE
MELBOURNE FL 32935

Mailing Address

C/O LEAH PALUMBO
1405 HIGHLAND AVENUE
MELBOURNE FL 32935-65183. Date Incorporated or Qualified
01/25/19883a. Date of Last Report
05/01/1996

4. FEI Number

59-1727452

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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 D ☐ DELETE
NAME ROSS, BETTY
STREET ADDRESS 2500 EAGLE DR.
CITY-ST-ZIP MELBOURNE FL1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME JOANNE PRIAULX
1.3 STREET ADDRESS 874-8 W. EAK GALLIE BLVD
1.4 CITY-ST-ZIP MELBOURNE, FL 32935TITLE SD ☒ DELETE
NAME DEW, MELODEE A
STREET ADDRESS 453 BLUFF DR.
CITY-ST-ZIP MELBOURNE FL2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME S. JOHN BARKER
2.3 STREET ADDRESS 401 N. RIVERSIDE DR
2.4 CITY-ST-ZIP INDIALANTIC, FL 32903TITLE TD ☐ DELETE
NAME DALE, JAY D
STREET ADDRESS 2311 DUNBAR VE
CITY-ST-ZIP MELBOURNE FL 329013.1 TITLE D ☐ Change ☒ Addition
3.2 NAME Todd m. Anderson
3.3 STREET ADDRESS 457 BLUFF DR
3.4 CITY-ST-ZIP MELBOURNE, FL 32901TITLE D ☒ DELETE
NAME MORIN, HENRY
STREET ADDRESS 308 S. BABCOCK ST.
CITY-ST-ZIP MELBOURNE FL4.1 TITLE D ☐ Change ☒ Addition
4.2 NAME Richard Buehn
4.3 STREET ADDRESS 329 2nd ave
4.4 CITY-ST-ZIP INDIALANTIC, FL 32903TITLE D ☐ DELETE
NAME BINGNEAR, BARBARA
STREET ADDRESS 289 CORAL DR.
CITY-ST-ZIP MELBOURNE FL5.1 TITLE P ☒ Change ☐ Addition
5.2 NAME BARBARA BINGNEAR
5.3 STREET ADDRESS 289 CORAL DR
5.4 CITY-ST-ZIP MELBOURNE, FL 32935TITLE P ☒ DELETE
NAME STARK, TINA
STREET ADDRESS 664 CAYUGA AVE., NE
CITY-ST-ZIP PALM BAY FL6.1 TITLE ☐ Change ☐ 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAY D. DALE 5-29-97 407-254-4966

Date

Daytime Phone # 0018515

CR2E037 (9/96)