FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **N48010** **(5)**

1. Corporation Name

HARMONY FARMS, INCORPORATED

Principal Place of Business	Mailing Address
P.O. BOX 290 GRANT FL 32949	P.O. BOX 290 GRANT FL 32949

3. Date Incorporated or Qualified: **03/19/1992**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21:
Suite, Apt. #, etc.
22:
City & State
23:
Zip 24: Country 25:

2a. Mailing Address
26:
Suite, Apt. #, etc.
27:
City & State
28:
Zip 29: Country 30:

4. FEI Number: **59-3114190** ☐ 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

MATHESON, FLORENCE A.
2650 GRANT RD.
PALM BAY FL 32905

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	D	☐ Change ☑ Addition
NAME	LAUFEN, MIKE VON		1.2 NAME	SILVER, SANDY	
STREET ADDRESS	1020 WROBEL PLACE		1.3 STREET ADDRESS	1890 PALM BAY Rd N.E.	
CITY-ST-ZIP	WEST MELBOURNE FL		1.4 CITY-ST-ZIP	PALM BAY, FL 32905	
TITLE	DS	☐ DELETE	2.1 TITLE	D	☐ Change ☑ Addition
NAME	NANNI, MARYJO		2.2 NAME	MURPHY, JOHN C.	
STREET ADDRESS	925 WHISPEROAK DR		2.3 STREET ADDRESS	1901 S. HARBOR CITY BLVD.	
CITY-ST-ZIP	MELBOURNE FL		2.4 CITY-ST-ZIP	MELBOURNE, FL 32901	
TITLE	DV	☐ DELETE	3.1 TITLE	D	☐ Change ☑ Addition
NAME	MARDIAT, SUSAN		3.2 NAME	HAYDEN, NORMAN	
STREET ADDRESS	3175 GRANT RD		3.3 STREET ADDRESS	1808 McQUAID ST.	
CITY-ST-ZIP	PALM BAY FL		3.4 CITY-ST-ZIP	MELBOURNE, FL 32901	
TITLE	D	☒ DELETE	4.1 TITLE	D	☐ Change ☑ Addition
NAME	GOUGH, DAN		4.2 NAME	CIRIMOTICH, MICHAEL	
STREET ADDRESS	14460 80TH AVE		4.3 STREET ADDRESS	3245 BABCOCK ST. N.E.	
CITY-ST-ZIP	SEBASTIAN FL		4.4 CITY-ST-ZIP	PALM BAY, FL 32905	
TITLE	DP	☐ DELETE	5.1 TITLE	D	☐ Change ☑ Addition
NAME	HUDACK, NANCY		5.2 NAME	LAW, JUDY	
STREET ADDRESS	3219 EASTMAN AVE, NE		5.3 STREET ADDRESS	100 E. DOVER ST.	
CITY-ST-ZIP	PALM BAY FL		5.4 CITY-ST-ZIP	SATALITE BEACH, FL 32937	
TITLE	D	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	YOSHIDA, STAN		6.2 NAME		
STREET ADDRESS	3700 BRENNAN DRIVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL		6.4 CITY-ST-ZIP		

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Michael VonLaufen VON LAUFEN 4/5/96 407-223-2037
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)