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May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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 32949-0290

3. Date Incorporated or Qualified: **03/19/1992**
3a. Date of Last Report: **04/12/1996**

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DT LAUFEN, MIKE VON 1020 WROBEL PLACE WEST MELBOURNE FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	DP ROGAN, PAMELA 1024 LENNOX WAY MELBOURNE, FL 32940
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS NANNI, MARYJO 925 WHISPEROAK DR MELBOURNE FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D DEMONTIGNY, LORRAINE 839 LEXINGTON ST. N.E. PALM BAY, FL 32907
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV MARDIAT, SUSAN 3175 GRANT RD PALM BAY FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D LAW, JUDY 100 E. DOVER ST. SATELLITE BEACH, FL 32937
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SILVER, SANOY 1890 PALMBAY RD. N.E. PALM BAY FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D BAKER, WANDA 688 COCONUT GROVE AVE. MELBOURNE, FL 32904
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP HUDACK, NANCY 3219 EASTMAN AVE, NE PALM BAY FL	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	DS BOUCHER, SUSAN 4165 EL DORADO WAY MELBOURNE, FL 32934
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MURPHY, JOHN C. 1901 S. HARBOR CITY BLVD. MELBOURNE FL	☒ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	D CIRIMOTICH, MICHAEL 1204 THREE MEADOWS DR. ROCKLEDGE, FL 32955

CR2E037 (9/96)

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] MICHAEL VON LAUFEN 4/25/97 407-725-6690
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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