SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/97: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

N96000004608 (3) DOCUMENT # 1. Corporation Name

HIS HARVEST, INC.

Principal Place of Business	Mailing Address	
274 BAYBERRY DR LAKE PARK FL 33403	274 BAYBERRY DR LAKE PARK FL 33403	
6 Distributed Distributed Distributed	Go 14-llb- Address	

FILED Jul 28 1997 8:00am Secretary of State



Principal Place of Business			Mailing Address					T EBBARRON BUR TURNU BARRA BBARR				
274 BAYBERRY DR			274 BAYBERRY DR LAKE PARK FL 33403									
LAKE PARK FL 33403		ļ					DO NOT WRITE IN THIS SPACE					
							3.	Date Incorporated or Qualified 09/03/1996		te of Last F	Report	
2. Principal I	Place of Business	<u> </u>	2a. Mailing Address	3			4,	EEL Number		A	pplied For	
21		26			(U5-0693758 Not Applied P						
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5.	Certificate of Status Desired			Additional	
22		27							beriupe			
City & State		City & State			6.	Election Campaign Financing		\$5.00 May Be Added to Fees				
23			Zip Country					Trust Fund Contribution	<u> </u>			
Zip		Country	Zip	\vdash	ountry		8.	This corporation owes or has pa Personal Property Tax due June	_		No l	
24	2 Name an	d Address of Current	29 Registered Agent	30			10.	Name and Address of New Re			<u> </u>	
	B4 1141110 4111	a Addition of Carlotte	riogistorea Agent		81	Name						
ODOW).	DANIELI					L						
BROWN, DANIEL L				82 Street Ad			ddress (f	ddress (P.O. Box Number is Not Acceptable)				
274 BAYBERRY DR Lake Park Fl 33403			83				Wat war i					
LANE	4NN FL 33403											
	V 1				84	City			FL	85 Zip	Code	
11. Pursuant	Lto the provisions	s of Sections 617 0502	and 617.1508. Florida	Statutes, the	abovi	e-named o	corporatio	on submits this statement for the p	ourpose of	changing	its registered	
office or	registered agent	, or both, in the State of	f Florida, Such change	was authoriz	ed by	the corpo	oration's I	board of directors. I hereby acce	pt the app	ointment as	s registered	
_		and accept the congad	ons of Section 617.05	Jo, Florida o	alule	·.						
SIGNATURE	Signature, typed or p	rinted name of registered agent	and title if applicable.	(NOTE: Registe	red Age	int signature re	equired wher	n reinstating)	DATE			
12.		OFFICERS AND	DIRECTORS	13	3 ,		-	ADDITIONS/CHANGES TO OFFIC	CERS AND	DIRECTO	RS IN 12	
TITLE	DP		☐ DELE	TE 1.1	TITLE					Change	Addition	
NAME	BROWN, DA			1.2	NAME							
STREET ADDRESS 274 BAYBERRY DR			1.3 STREET ADDRESS									
CITY-ST-ZIP	LAKE PARK	FL 33403			CITY-S	T-ZIP						
TITLE	DV		DELE	TE 2.1	TITLE	İ				L Change		
NAME	BROWN, KE			2.2	NAME							
STREET ADDRESS				2.3	STREET	ADDRESS						
CITY-ST-ZIP	LAKE PARK	FL 33403	- Indiana	_	4 CITY-	ST-ZIP				Dohara	a salica	
TITLE	DST		☐ D£LE		TITLE					L Change		
NAME	LANNAMAN				NAME							
STREET ADDRESS						ADDRESS						
CITY-ST-ZIP	LAKE PARK	FL 33403	DELE		CITY-S	ST-ZIP				Change	Addition	
TITLE			☐ VELE		TITLE					CHI CHANGE	roution	
NAME OZOSEZ ARODEGO					2 NAME	ADDRESS						
STREET ADDRESS	ŀ				CITY-S							
CITY-ST-ZIP TITLE			DELE		TITLE	11-217				Change	Addition	
NAME			- Vill		NAME							
STREET ADDRESS	1					ADDRESS						
					CITY-S							
CITY-ST-ZIP TITLE	 		☐ DEL€		TITLE					Change	Addition Addition	
NAME	1				NAME							
STREET ADORESS						ADDRESS						
CITY-ST-ZIP	1				CITY-S							
Ulit-SI-ZIF		- l-ftlan a matical	with this filing door not				tod in Se	ection 119 07(3)(i). Florida Statute	e i furthai	cortify the	t the	

I do nereby certify that the information supplied with this miling does not quality for the exemption stated in Section 1.19.07(3)(i), Florida Statutes. I further evently that me 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 of 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 chapted, or on an attachment with an address.

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