


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 12 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000006606 (5)**

1. Corporation Name

**REAPING THE HARVEST, INC.**



Principal Place of Business <b>6417 U.S. HWY 19 NORTH NEW PORT RICHEY FL 34652</b>	Mailing Address <b>6417 U.S. HWY 19 NORTH NEW PORT RICHEY FL 34652</b>
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3. Date Incorporated or Qualified <b>01/01/1997</b>
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4. FEI Number <b>59-3424185</b>	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>

7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent	
<b>GRAY, DAVID L 6417 U.S. HWY 19 NORTH NEW PORT RICHEY FL 34652</b>	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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	
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>ATCHISON, LARRY</b>
STREET ADDRESS	<b>12135 ENSLEY STREET</b>
CITY-ST-ZIP	<b>PORT RICHEY FL 34667</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>CRAVEN, CHARLOTTE</b>
STREET ADDRESS	<b>P.O. BOX 5611</b>
CITY-ST-ZIP	<b>HUDSON FL 34674</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>GRAY, DAVID</b>
STREET ADDRESS	<b>6417 U.S. HWY 19 NORTH</b>
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34652</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>SIMPSON, TIMOTHY</b>
STREET ADDRESS	<b>6804 MESA VERDE STREET</b>
CITY-ST-ZIP	<b>PORT RICHEY FL 34668</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>BALL, DAN</b>
STREET ADDRESS	<b>9232 DRESDEN LANE</b>
CITY-ST-ZIP	<b>PORT RICHEY FL 34668</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>CYPHER, LESTER</b>
STREET ADDRESS	<b>7222 ORCHID LAKE ROAD</b>
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34653</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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:

*[Handwritten Signature]*

**1-15-1998**

CR2E037 (10/97)