

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90099 041 \*\*\*\*61.25

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**DOCUMENT # N96000006606**

1. Corporation Name

**REAPING THE HARVEST, INC.**

Principal Place of Business

6417 U.S. HWY 19 NORTH  
NEW PORT RICHEY FL 34652

Mailing Address

6417 U.S. HWY 19 NORTH  
NEW PORT RICHEY FL 34652



2. Principal Place of Business

21 **6219**

Suite, Apt. #, etc.

22 City & State

23

Zip

24

Country

25

2a. Mailing Address

26 **6219**

Suite, Apt. #, etc.

27 City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

**01/01/1997**

4. FEI Number

**59-3424185**

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

9. Name and Address of Current Registered Agent

**GRAY, DAVID L**  
**6417 U.S. HWY 19 NORTH**  
**NEW PORT RICHEY FL 34652**

10. Name and Address of New Registered Agent

81 Name

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

83 **6219**

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

TITLE **D** ☐ DELETE  
NAME **ATCHISON, LARRY**  
STREET ADDRESS **12135 ENSLEY STREET**  
CITY-ST-ZIP **PORT RICHEY FL 34667**

TITLE **D** ☐ DELETE  
NAME  **CRAVEN, CHARLOTTE**  
STREET ADDRESS **P.O. BOX 5611 N/A**  
CITY-ST-ZIP **HUDSON FL 34674**

TITLE **D** ☐ DELETE  
NAME **GRAY, DAVID**  
STREET ADDRESS **6417 U.S. HWY 19 NORTH**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE **D** ☐ DELETE  
NAME **SIMPSON, TIMOTHY**  
STREET ADDRESS **6804 MESA VERDE STREET**  
CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE **D** ☐ DELETE  
NAME **BALL, DAN**  
STREET ADDRESS **9232 DRESDEN LANE**  
CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE **D** ☐ DELETE  
NAME **CYPHER, LESTER**  
STREET ADDRESS **7222 ORCHID LAKE ROAD**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS **6219**  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED DAVID GRAY**

Date

Daytime Phone #

**1-11-99 727-819-7900**

CR2E037 (1/198)