


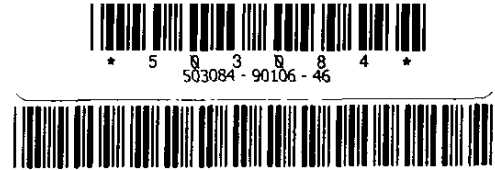
FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90106 046 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N97000004246</b>					
1. Corporation Name <b>HARVEST TIME, INC.</b>					
Principal Place of Business 5660 - D LYNN LAKE DR S ST PETERSBURG FL 33712			Mailing Address C/O REV ESI WHITEHURST P O BOX 14534 ST PETERSBURG FL 33733 US		



2. Principal Place of Business 21 <b>4332 Juanita Way So.</b> Suite, Apt. #, etc. 22 City & State 23 <b>St. Petersburg, FL</b> Zip 24 <b>33705</b> Country 25 <b>US</b>		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		3. Date Incorporated or Qualified <b>07/24/1997</b> 4. FEI Number <b>59-3460951</b> Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
9. Name and Address of Current Registered Agent <b>BROTHERS, WILLIE M</b> <b>221 37TH ST S</b> <b>ST PETERSBURG FL 33711</b>			10. Name and Address of New Registered Agent 81 Name <b>Esi M. Whitehurst</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>4332 Juanita Way South</b> 83 84 City <b>St. Petersburg</b> FL 85 Zip Code <b>33705</b>		

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 *Esi M. Whitehurst* *Esi M. Whitehurst* **4/29/99**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD <input type="checkbox"/> DELETE	1.1 TITLE	<b>PCD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WHITCHURST, ESI</b>	1.2 NAME	<b>WHITEHURST, Esi</b>
STREET ADDRESS	<b>5660-D LYNN LAKE DR S</b>	1.3 STREET ADDRESS	<b>4332 Juanita Way So.</b>
CITY-ST-ZIP	<b>ST PETERSBURG FL 33712</b>	1.4 CITY-ST-ZIP	<b>St. Petersburg, FL 33705</b>
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FLORENCE, BONNIE</b>	2.2 NAME	
STREET ADDRESS	<b>524 MADISON STREET S</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST PETERSBURG FL 33711</b>	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<b>TD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROTHERS, WILLIE M</b>	3.2 NAME	<b>Brothers, Willie M.</b>
STREET ADDRESS	<b>221 37TH ST S</b>	3.3 STREET ADDRESS	<b>1320-13 Avenue So.</b>
CITY-ST-ZIP	<b>ST PETERSBURG FL 33711</b>	3.4 CITY-ST-ZIP	<b>St. Petersburg, FL 33705</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Esi M. Whitehurst* **Esi M. Whitehurst** **4-29-99** **727-872-7228**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)