

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000083633**1. Entity Name
MUTUAL HARVESTING COMPANY**FILED**
Apr 18, 2001 8:00 am
Secretary of State04-18-2001 90126 001 ***150.00
04-18-2001 90126 002 *****8.75**30340**

DO NOT WRITE IN THIS SPACE

Principal Place of Business
**5300 SOUTH FLORIDA AVENUE
LAKELAND FL 33813**Mailing Address
**POST OFFICE BOX 5378
LAKELAND FL 33807-5378**2. Principal Place of Business
3220 New Tampa Hwy3. Mailing Address
P.O. Box 1687

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Lakeland, Fl.City & State
Lakeland, Fl.4. FET Number
59-3668079Applied For
☐ Not ApplicableZip
33815Country
USAZip
33802-1687Country
USA5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****CHRITTON, CHARLES P
C/O WENDEL, CHRITTON & DEBARI CHARTERED
5300 SOUTH FLORIDA AVENUE
LAKELAND FL 33813**Name
Carson A. FutchStreet Address (P.O. Box Number is Not Acceptable)
3220 New Tampa HighwayCity **Lakeland, Fl.** **FL** Zip Code **33802**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE **Carson A. Futch**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-10-2001
DATE9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees****11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE **President** ☐ Delete
NAME **Carson A. Futch**
STREET ADDRESS **3220 New Tampa Hwy**
CITY-ST-ZIP **Lakeland, Fl. 33802-1687**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **Vice President** ☐ Delete
NAME **James R. Joyce**
STREET ADDRESS **3220 New Tampa Hwy**
CITY-ST-ZIP **Lakeland, Fl. 33802-1687**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **Secretary** ☐ Delete
NAME **Patricia K. Long**
STREET ADDRESS **3220 New Tampa,**
CITY-ST-ZIP **Lakeland, Fl. 33802-1687**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **Treasurer** ☐ Delete
NAME **David L. Edwards**
STREET ADDRESS **3220 New Tampa Hwy**
CITY-ST-ZIP **Lakeland, Fl. 33802-1687**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 report or supplemental 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Carson A. Futch**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**April, 10, 2001**
Date

Daytime Phone #

CR2E034 (10/00)