## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT ON STATE
Sandra B. Mortham ~

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P93000021604 (2)
1. Corporation Name

L.E. STEPHENS HARVESTING, INC.

					{			DIA DIA BUI ADD	
Principal Place of Business Mailing Address									
-IAWY 888-EAST- WAUCHULA FL 33873		AT 2 DON 179 M 1WY 9940 WAUCHULA FL 93873 US							
					3. Date Incorporated or Qualified				
	Principal Place of Business	2a. Mailing Address			4. FEI Number 65-0393002		_	Applied For Not Applicable	
21	Saite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional Fee Required			
22	City & State	City & State			6. Election Campaign Financing Trust Fund Contribution  55.00 May Be Added to Fees				
23	Zip Country		untry		8. This corporation has liability for intangule tax under s 199 032, Florida Statutes Yes No				
24	g, Name and Address of Cur	1	10. Name and Address of New Registered Agent						
•			81	Name					
STEPHENS, L E RT 1 BOX 23A				Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
	WAUCHULA FL 33873		83						
			84	- /		FL	85		
<u> </u>	A Postone COZ O	NEGO and BOY 1508 Florida Statutes, the ab	OVE-	named corpora	tion submits this statement for the pur	pose of cha	inging	its registered office	

11. Pursuant to the provisions of Sections 607,0502 and 607,1508, 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 607,0505, Florida Statutes.

SIGNATURE	styradure, typed or printed name of registered agent and fit	e il applicable (NOTE	Registered Agent signature required	when reinstating? DATE.			
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
THEF	P	☐ DELETE	1 1 TITLE	☐ Change ☐ Addition			
NAME	STEPHENS, L E		1.2 NAME				
STREET ADDRESS	RT 1 BOX 23A		1.3 STREET ADDRESS				
CITY - ST - ZiP	WAUCHULA FL 33873		1.4 CITY - ST - ZIP				
10%	ν	DELETE	2 1 THILE	Change Addition			
NAME	MCLEOD, BURTON D SR		22 NAME				
STREET ADDRESS	HWY 664B		2 3 STREET ADDRESS				
GIEY - S1 - ZIP	WAUCHULA FL 33873		2 4 CITY - ST - ZIP				
1171.6	ST	☐ DELETE	3 1 TITLE	☐ Change ☐ Addition			
NAMÉ	MCLEOD, MARY J		32 NAME				
STREET ADDRESS	HWY 664B		3.3. STREET ADDRESS				
City St-Zif-	WAUCHULA FL 33873		3.4 CITY - \$1 - ZIP	Chance			
TOTALE		DELETE	4. 1 TITLE	☐ Change ☐ Addition			
NAME			4.2 NAME				
STREET ADDRESS	į		4.3 STREET ADDRESS	d Oncore a see.			
C 1Y - S1 7-P			4.4 CITY - ST - ZIP	400001746504 -03/18/9601033 <b>D</b> pange □ Addition			
160		□ DELETE	5 1 TITLE	***208.75			
NAMÉ			5 2 NAME	**************************************			
STEEL ADDRESS			5 3 STREET ADDRESS				
CHY+S1+ZIF			54 CITY-ST-ZIP	Change Addition			
THE		☐ DELETE	6 1 TITLE	Change Addition			
NAMÉ			6 2 NAME				
STREET ADDRESS			6 3 STREET ADDRESS				
			6.4 C(TY-\$T-Z)P	A CONTRACT C			
14 Ldo heieti	y certify that the information supplied with	this filing is voluntarily furnis	shed and does not qualify f	for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further			

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4. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 certify 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 12 or Block 13 is changed, 6 on an attachment with an address.

SIGNATURE:

L. E. STEPHENS

941/773-6195 Digytime Phone #

Date

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