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Feb 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000046139 (0)

1. Corporation Name
HENDERSON HARVESTING, INC.

Principal Place of Business
1098 INTERLOCHEN BLVD
WINTER HAVEN FL 33882

Mailing Address
1098 INTERLOCHEN BLVD
WINTER HAVEN FL 33884-3712



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

06/30/1993

3a. Date of Last Report

02/02/1996

4. FEI Number

59-3189806

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HENDERSON, FREDERICK T
225 LAKE STARR BLVD S
LAKE WALES FL 33853

10. Name and Address of New Registered Agent

81 Name
Eleanor R. Henderson
82 Street Address (P.O. Box Number is Not Acceptable)
1098 Interlochen Blvd, S. E.
83 Winter Haven Fl 33884
84 City
FL 85 Zip Code
33884

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

Eleanor R. Henderson

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/30/97

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME HENDERSON, FREDERICK T
STREET ADDRESS 225 LAKE STARR BLVD S
CITY-ST-ZIP LAKE WALES FL 33853

TITLE D ☐ DELETE
NAME HENDERSON, STEVEN R
STREET ADDRESS 4304 MAHOGANY RUN SE
CITY-ST-ZIP WINTER HAVEN FL 33882

TITLE D ☐ DELETE
NAME HENDERSON, JOHN C
STREET ADDRESS 502 HWY 92 E
CITY-ST-ZIP SEFFNER FL 33584

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☒ Change ☐ Addition
1.2 NAME Eleanor R. Henderson
1.3 STREET ADDRESS 1098 Interlochen Blvd. S.E.
1.4 CITY-ST-ZIP Winter Haven, Fl 33884

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
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 do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Eleanor R. Henderson

1/30/97

941 (203-7944)

CR2E034 (9/96)