Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90255 003 ***158.75

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARITMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000046745

1. Corporation Name

SMITH AND SMITH HARVESTING CO., INC.

| | | | | | | | | | ÇIÇIB BINI F BB N P | /IOO PEIL (DOI |
|--|-----------------------|---|--|------------------------------------|-------------------------------------|------------------------------------|-------------------------------------|-----------------|-----------------------------------|----------------|
| Principal Place of Business Mailing Address | | | | | | | _ | | | |
| 1707 2 AVE. EAST 1707 2 AVE. EAST | | | | | | | | | | |
| PALMETTO FL 34221 | | | PALMETTO FL 34221 | | | | DO NOT WE | OTE IN THE | CDACE | |
| | | | | | | 2 Pata tayan | | | SFACE | |
| | | | | | | | porated or Qualifed | 1 | | |
| | | | | | | 06/25/19 | | | 1 1 | |
| 2. Principal Place of Business | | | 2a. Mailing Address | | | 4. FEI Number | | | <u> </u> | plied For |
| 21 | | | 26 | | | 65-0640625 | | | | t / pplicable |
| Suite, Apr. #, etc. | | | Suite, Apt. #, etc. | | | 5. Certifca e | of Status Desired | 3 | \$8.75 A Fee Red | |
| 22 | | | 27 | | | | | | | · |
| City & State | | | City & State | | | | ampaign Financing | П | \$5.00 | |
| 23 | | | 28 | | | | Contribution | | Added to |) -ees |
| Zip Country | | | Zip Country | | | | ration owes the cu | rrent year Ir t | | |
| 24 | 25 | 25 29 30 | | 30 | Personal Propert | | | | | |
| | 9. Name and Ad | dress of Curren | t Registered Agent | | | 10. Name and | Address of New | Registerec | Agent | |
| SMITH, HAROLD 1701 4TH AVE. WEST PALMETTO FL 34221 | | | | | 81 Name 5 1 82 Street Add 170 | nith ress (PO. Box Nu The AV | Kobert mber is Not Accep e W* | table) | | |
| | | | | | | | | | 85 | |
| | | | | | 84 City AL | most | | FI. | 85 Zip C | 3.2.1 l |
| office or r | egistered agent, or b | oth, in the State of accept the obligat | 2 and 607.1508, Florida S of Florida. Such change w licns of, Section 607.0505 | ras authorized i, Flo ida Stati | i by the corporat | red when reinstating) | 4/2.4 / | 1 9 g | as reg | gic leved |
| 12. | | OFFICERS AN | D DIRECTORS | 13. | | ADDITIONS | CHANGES TO O | FFICERS A | ND DIRECTO | R3 IN 12 |
| TITLE | С | | ☐ DELET | E 1.1 TI | TLE | | | | Change | ☐ Addition |
| NAME | SMITH, ROBERT | `JR | | 12 N/ | AME | | | | | |
| STREET ADDRESS | 1701 4TH AVEN | | | 1.3 S | TREET ADDRESS | | | | | { |
| CITY-ST-ZIP | PALMETTO FL 3 | | | | TY-ST-ZIP | | | | | j |
| TITLE | D | | ☐ DELET | | | | | | ☐ Change | ☐ Addition |
| NAME | SMITH, HAROLE | 1 | | 2.2 N | ł | | | | | |
| | 4700 ATLL AVECAL | | | ı | REET ADDRESS | | | | | |
| STREET ADDRESS | | | | | ł | | | | | |
| CITY-ST-ZIP | PALMETTO FL 3 | 14661 | ☐ DELET | | ITY-ST-ZIP | | | | Change | Addition |
| TITLE | | | ال المورور | | | | | | | _ |
| NAME | | | | 3.2 N | | | | | | |
| STREET ADDRESS | | | | | REET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | ITY-ST-ZIP | | | | Chance | Addition |
| TITLE | | | ☐ DELET | | | | | | Change | |
| NAME | | | | 4 2 N | AME | | | | | |
| STREET ADDRESS | | | | 4.3 S | FREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | TY-ST-ZIP | | | | | |
| TITLE | | | ☐ DELET | | 1 | | | | Change | ☐ Addition |
| NAME | | | | 5.2 N | AME | | | | | |
| STREET ADDRESS | | | | 53 S | TREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | 5.4 C | TY-ST-ZIP | | | | | |
| TITLE | | | ☐ DELET | E 6.1 TI | TLE | | | | ☐ Change | ☐ Addition |
| NAME | ! | | | 6.2 N | AME | | | | | |
| CTDEET ADDRESS | 1 | | | 6.3 S | TREET ADDRESS | | | | | |

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 607, Florida Statutes; and that my name appears in address, with all other like empowered.

6.4 CITY- ST- ZIP

SIGNATURE:

CITY-ST-ZIP

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