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FILED
Jan 22, 1999 8:00am
Secretary of State

01-22-1999 90065 027 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000061533

1. Corporation Name

DEVIL'S GARDEN HARVESTING, INC.

Principal Place of Business

Mailing Address

HC 61 BOX 61
CLEWISTON FL 33440

HC 61 BOX 61
CLEWISTON FL 33440

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/02/1993

4. FEI Number

65-0435152

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 **SAME AS ABOVE**

26 **SAME AS ABOVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24 **25**

29 **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCDANIEL, ROBERT E SR
HC 61 BOX 60
CLEWISTON FL 33440

81 Name

N/A

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDANIEL, ROBERT E. SR.	1.2 NAME	
STREET ADDRESS	HC 61, BOX 61 N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEWISTON FL 33440	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDANIEL, ROBERT E. JR.	2.2 NAME	
STREET ADDRESS	HC 61, BOX 61 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEWISTON FL 33440	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDANIEL, MARY	3.2 NAME	
STREET ADDRESS	HC 61, BOX 61 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEWISTON FL 33440	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDANIEL, JOHN L	4.2 NAME	
STREET ADDRESS	HC 61, BOX 61 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEWISTON FL 33440	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDANIEL, JAMES JEFFREY	5.2 NAME	
STREET ADDRESS	HC 61, BOX 61 N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	CLEWISTON FL 33440	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDANIEL, JOSEPH DAVID	6.2 NAME	
STREET ADDRESS	HC 61, BOX 61 N/A	6.3 STREET ADDRESS	
CITY-ST-ZIP	CLEWISTON FL 33440	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 607, 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:

R. ESTEY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

941) 983-6440
Daytime Phone #

CR2E034 (11/98)