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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000087654

1. Corporation Name

EARL PALMER HARVESTING, INC.

Mar 14, 1999 8:00 am Secretary of State

03-14-1999 90019 046 ***150.00



Principal Plac	e of Business	Mailing Address	_					
355 OLD LAKE WALES RD BARTOW FL 33830 355 OLD LAKE WALES RD BARTOW FL 33830)			DO NOT WRITE IN THIS SF	ACE	
						3. Date Incorporated or Qualifed 01/01/1994		
2. Principal P	tace of Business	2a. Mailing Address				4. FEI Number	Apr	lied For
21		26				59-3215664		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	⊢ , ' ' '			5. Certificate of Status Desired \$8.75 Additional Fee Required		
City & Stat	e	City & State	_			6. Election Campaign Financing	\$5.00	May_Be_
23		28				Trust Fund Contribution	Added to	Fees
Zip 24	Country 25	Zip 29	Cour	ntry		This corporation owes the current year Intangersonal Property Tax.		Z No
	9. Name and Address of Cur		11			10. Name and Address of New Registered Ag	ent	
					Name			
MURPHY, RONALD T				82	Street Address (P.O. Box Number is Not Acceptable)			
4740 CLEVELAND HEIGHTS BLVD				Out of Address (1.10. Box Marines) to Met Mesephania				
SUITE 1				83				
LAKELAND FL FL				84	City	City FL 85 Zip Code		
office or r agent. I a	to the provisions of Sections 607. egistered agent, or both, in the St. m familiar with, and accept the ob	ate of Florida. Such change was a	uthonzed	l by i	the corpora	rporation submits this statement for the purpose of chition's board of directors. I hereby accept the appointm	anging its reg	registered jistered
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable (NOTE	: Registered	Agen	t signature requ	ired when reinstating) DATE		
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12
TITLE	D	☐ DELETE	1.1 717	RΕ			Change	☐ Addition
NAME	PALMER, CHARLES E		1.2 NA	1.2 NAME				
STREET ADDRESS	ARE OUD LAKE WALED DD			13 STREET ADDRESS				
CITY-ST-ZIP	BARTOW FL 33830			1.4 CITY-ST-ZIP				
TITLE	D DELETE			2.1 TITLE		·	Change	Addition
NAME	PALMER, ALTHA E		2.2 NA	ME				
STREET ADDRESS				2.3 STREET ADDRESS				
CITY-ST-ZIP	BARTOW FL 33830		2. 4 CI	TY-S	T-ZIP			
TITLE		☐ DELETE	3.1 TIT	ΓLE			Change	Addition
NAME			3.2 NA	ME				 -
STREET ADDRESS			3.3 ST	REET	ADDRESS			
CITY ST 7ID	1		3.4. CF	TY-S	T-71P			

6.3 STREET ADDRESS STREET ADDRESS 14. I hereby certify that the information supplied with this filling 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 an an attachment with an address, with all other like empowered. 6.4 CITY-ST-ZIP CITY-ST-ZIP

4.1 TITLE

4. 2 NAME 4.3 STREET ADDRESS

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4 4 CITY-ST-ZIP

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ DELETE

□ DELETE

☐ DELETE

Change

☐ Change

Change

Addition

☐ Addition

Addition