FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 17 AM 11:17

DOCUMENT # **P94000035876 (9)**

1. Corporation Name

FLORIDA HARVEST FESTIVAL, INC.

Principal Place of Business	Mailing Address
7120 LAKE ELLENOR DR. ORLANDO FL 32809	P.O. BOX 55 ORLANDO FL 32803

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/09/1994**
3a. Date of Last Report:

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 59-324 5977 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State (23)
City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip (24) Country (25)
Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BENITEZ, AGUSTIN J
7120 LAKE ELLENOR DR.
ORLANDO FL 32809

10. Name and Address of New Registered Agent

81 Name
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 name changed) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	STRATES, PHYLLIS R	12 NAME	
STREET ADDRESS	7120 LAKE ELLENOR DR.	13 STREET ADDRESS	
CITY ST ZIP	ORLANDO FL 32809	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	STRATES, E J	22 NAME	
STREET ADDRESS	7120 LAKE ELLENOR DR.	23 STREET ADDRESS	
CITY ST ZIP	ORLANDO FL 32809	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	MAGID, SUSAN S	32 NAME	
STREET ADDRESS	7120 LAKE ELLENOR DR.	33 STREET ADDRESS	
CITY ST ZIP	ORLANDO FL 32809	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. 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)(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: Susan S Magid Susan S Magid 1-10-95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date

0003717 CP