

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Suzanne B. Morahan
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000058587 (4)

1. Corporation Name
GLOBAL HARVEST, INC.



Principal Place of Business
P.O. BOX 3849
PLANT CITY FL 33564-3489

Mailing Address
P.O. BOX 3849
PLANT CITY FL 33564-3489

2. Principal Place of Business

21 State, Apt. #, etc.
22 City & State
23 Zip

2a. Mailing Address

26 State, Apt. #, etc.
27 City & State
28 Zip

24 Country

29 Country

9. Name and Address of Current Registered Agent

WEBSTER, JAYE
4315 S. BARRETT AVE.
PLANT CITY FL 33564

3. Date Incorporated or Qualified
08/09/1994

3a. Date of Last Report
02/07/1995

4. FLE Number
59-3267124

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

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 607.01(4) and 607.15(1)(b), 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 I accept the obligations of, Sections 607.01(4) Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Agent for Change of Registered Office

DATE

12. OFFICERS AND DIRECTORS

1. NAME

PD
WEBSTER, JAYE G
4315 S. BARRETT AVE.
PLANT CITY FL 33567

☐ DELETE

2. NAME

SD
MEEK, WILLIAM E
1905 SWEETBAY COURT
PLANT CITY FL 33567

☒ DELETE

3. NAME

TD
KERN, THOMAS
2807 FORBES ROAD
PLANT CITY FL 33567

☐ DELETE

4. NAME

5. NAME

6. NAME

7. NAME

8. NAME

9. NAME

10. NAME

11. NAME

12. NAME

SIGNATURE:

Signature and Typed or Printed Name of Signing Officer or Director

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME

☐ Change ☐ Addition

2. NAME

1. STREET ADDRESS

14 CITY, ST, ZIP

2. NAME

2. NAME

2. NAME

2. NAME

2. NAME

2. NAME

2. NAME

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1/14/96

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