

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

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Mar 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortherm Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000058587 (4)

1. Corporation Name
GLOBAL HARVEST, INC.

Principal Place of Business
P.O. BOX 3848
PLANT CITY FL 33564-3848

Mailing Address
P.O. BOX 3848
PLANT CITY FL 33564-3848



3. Date Incorporated or Qualified 08/09/1994	3a. Date of Last Report 01/24/1998
4. FFI Number 59-3287124	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	

2. Principal Place of Business 21 13514 GLEN HARWELL RD Suite, Apt. #, etc.	2a. Mailing Address 26 SAME Suite, Apt. #, etc.
22 City & State 23 DOVER, FL.	27 City & State 28
24 33527 Zip Country 25 USA	29 Zip Country 30

9. Name and Address of Current Registered Agent

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

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 _____ DATE _____
(Signature typed as printed name of registered agent with title if applicable) (NOTE: Registered Agent signature required when certifying)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PO WEBSTER, JAYE G 4315 S. BARRETT AVE. PLANT CITY FL 33567 ☐ DELETE
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD KERN, THOMAS 2807 FORBES ROAD PLANT CITY FL 33567 ☐ DELETE
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ DELETE
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ DELETE
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST- ZIP	☐ Change ☐ Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY- ST- ZIP	☐ Change ☐ Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY- ST- ZIP	☐ Change ☐ Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY- ST- ZIP	☐ Change ☐ Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY- ST- ZIP	☐ Change ☐ Addition 300002112223 -03/13/97--01014--035 ***165.00
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY- ST- ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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 any other document with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)