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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jun 17 1997 8:00am

Secretary of State

129192

Sandra B. MortKark

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400083913 (1)

appears in Block 12 or Block 13 if changed, or on an atlachment with

QUALITY CITRUS HARVESTING, INC.

Principal Place of Business Mailing Address 2903 SHERATON BLVD. 2903 SHERATON BLVD. FT. PIERCE FL 34948 FT. PIERCE FL 34946-1250 3. Date incorporated or Qualified 3a. Date of Last Report 01/01/1995 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0552731 21 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zφ Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PALMER, WILLIE 2903 SHERATON BLVD. Street Address (P.O. Box Number is Not Acceptable) FT. PIERCE FL 34946 83 64 City 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 (NO1) Angistered Agost signature required when reinstating) OFFICERS AND DIRECTORS . 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)TITLE DELETE 1.1 TITLE Change Addition PALMER, WILLIE NAME 1.2 NAME 2903 SHERATON BLVD. STREET ADDRESS 1.3 STREET ADDRESS FT. PIERCE FL 34946 ANNIE Palmer Change 3700 Ave L H. Pierce, F/34947 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE Addition 21 THE NAME 2.2 NAME STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-S1-ZIP DLLETE TITLE 4 1 11116 Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CHTY - \$1 - ZIP DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CHY-S1-7IP DELETE TITLE ☐ Addition 61 111LF NAME 6.2 NAME STREET ADDRESS 6.3 STREET ACIDRESS CITY-ST-ZIP 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. 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