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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000044964 (1)

WEST COAST HARVESTING INC.

FILED Feb 13 1997 8:00am Secretary of State



Principal Place of Business Mailing Address							i indisent iin inini niili datti naili amii		HOLD IN HIS WHILE	Q101 1081	
3011 BUNCHE STREET SARASOTA FL 34234			3011 BUNCHE STREET SARASOTA FL 34234-6306								
							3. Date Incorporated or Qualified 06/02/1995		te of Last R)1/1996	eport	
2. Principal Place of Business			2a. Mailing Address				4. FEI Number	•	Ar	oplied For]
21		26	26				65-0593780 Not Applicable				1
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional equired	_
City & State		28	City & State				Election Campaign Financing Trust Fund Contribution			May Be to Fees	
Zip	Country	1	Zip	Cou	ntry		8. This corporation has liability for	intangible	tax under s	. 199.032,	1
24	25		29 30				Florida Statutes 🔲 Yes 🛣 No				1
9. N	ame and Address of Curre	nt Regis	tered Agent			,	10. Name and Address of New Re	gistered /	igent		1
JACKSON,	andrew L				81	Name					
3011 BUNCHE STREET SARASOTA FL 34234					82	Street Add	ress (P.O. Box Number is Not Acceptat	ole)	<u>,</u>		1
SARASUIA	FL 34234				83						1
					84	City		FL	85 Zip	Code	1
office or registers	ovisions of Sections 607.050 d agent, or both, in the State ar with, and accept the oblig	of Floric	ia. Such change was :	authorize	dbν	the corporal	poration submits this statement for the pation's board of directors. I hereby acceptions	ourpose of	changing it ointment as	ls registered registered	
SIGNATURE											
Signature,	typed or printed name of registered ag				d Age	int signature requi	red when reinstating)	DATE	DIDECTOR	OC 181 40	1,
12.	OFFICERS AN	D DIREC	DELETE DELETE	13.	T. F	····	ADDITIONS/CHANGES TO OFFIC	EHS AND	Change	Addition	- ≧
TITLE P	SON, ANDREW L		C DELETE						C. Change		1
	BUNCHE STREET			1.2 N		ADDRESS					18
L CADA	SOTA FL 34234										Į
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NAME		•		4.21	IAME						
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TITLE			DELETE	5.1 T					☐ Change	Addition	7
NAME				5.2 N	AME]
STREET ADDRESS				5.3 S	TREET	ADDRESS					
CITY-ST-ZIP				5.4 C	iTY-S	ST - ZIP					
TITLE			DELETE	6.1 T	ITLE				Change	Addition	1
NAME				6.2 N	AME						
STREET ADDRESS				63S	THEET	ADDRESS					
CITY-ST-ZIP				6.4 0	ITY - S	S1 - ZIP					1

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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.