

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

FILED

Mar 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000089037 (2)

1. Corporation Name
L & L HARVESTING, INC.

Principal Place of Business
1145 SUNLIGHT CT.
ST. CLOUD FL 34771

Mailing Address
1145 SUNLIGHT CT.
ST. CLOUD FL 34771

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/17/1995

2. Principal Place of Business 21 13851 NE 22nd Ave Suite, Apt #, etc.	2a. Mailing Address 26 13851 NE 22nd Ave Suite, Apt #, etc.
22 City & State 23 Okeechobee, FL	27 City & State 28 Okeechobee, FL
24 Zip 34972	25 Country USA
29 Zip 34972	30 Country USA

4. FEI Number 59-3371359	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
FROM, LINDA I
1145 SUNLIGHT CT.
ST. CLOUD FL 34771

10. Name and Address of New Registered Agent
81 Name From, Linda I
82 Street Address (P.O. Box Number is Not Acceptable) 13851 NE 22nd Ave
83
84 City Okeechobee
85 Zip Code FL 34972

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	FROM, LINDA I
STREET ADDRESS	1145 SUNLIGHT CT.
CITY - ST - ZIP	ST. CLOUD FL 34771
TITLE	<input type="checkbox"/> DELETE
NAME	FROM, LAMAR E
STREET ADDRESS	1145 SUNLIGHT CT.
CITY - ST - ZIP	ST. CLOUD FL 34771
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	FROM, SCOTT L
STREET ADDRESS	545 ROSEDALE AVE.
CITY - ST - ZIP	ST. CLOUD FL 34769
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	13851 NE 22nd Ave
1.4 CITY - ST - ZIP	Okeechobee FL 34972
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	13851 NE 22nd Ave
2.4 CITY - ST - ZIP	Okeechobee FL 34972
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I 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.

SIGNATURE: Linda I From

3-19-98

941 462-5798

CR2E034 (10/97)