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Feb 25 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 # **P95000097265 (9)**

1. Corporation Name
HARVEST ALL, INC.

Principal Place of Business
**15525 S.W. 299TH STREET
HOMESTEAD FL 33033**

Mailing Address
**P.O. BOX 2921
CROSSVILLE TN 38557
US**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/20/1995

2. Principal Place of Business
21 136 Williams Sq.

2a. Mailing Address

4. FEI Number
65-0638669

Applied For
Not Applicable

Suite, Apt. #, etc.
22 Apt. B

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Ad**
Fee Re

City & State
23 Algood, TN

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5**

Zip Country
24 38506 25 USA

Zip Country
29 30

8. This corporation owes or has paid the current
Personal Property Tax due June 30. ☐ **Yes**
☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TILSON, THOMAS A
48 N.E. 15TH STREET
SECOND FLOOR
HOMESTEAD FL 33030**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DPS**
NAME **PUGH, JERRY L**
STREET ADDRESS **15525 S.W. 299TH STREET**
CITY-ST-ZIP **HOMESTEAD FL 33033**

1.1 TITLE **DPS**
1.2 NAME **Pugh, Jerry L.**
1.3 STREET ADDRESS **136 Williams Sq. Apt. B**
1.4 CITY-ST-ZIP **Algood, TN 38506**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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: **Jerry L. Pugh / Jerry L. Pugh**

2/18/98 (931) 537-2858

CR2E034 (1097)