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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 POCUMENT # P96000039584 (3)

FILED May 14 1997 8:00am Secretary of State

GUTIERREZ HARVESTING, INC. Principal Place of Business Mailing Address 3583 N.W. 10TH AVE. OKEECHOBEE FL 34974 OKEECHOBEE FL 34972-1741					-				
						 Date incorporated or Quality 05/02/1996 	ified 3a. D	ate of Las	st Report
2. Principal	Place of Business	2a. Mailing Address		····		4. FEI Number		1	Applied For
[1]		26				65-0683808		<u> </u>	Not Applicable
Suite, Apt	t. #. etc.	Suite, Apt. #, etc.			· · · · · · · · · · · · · · · · · · ·	5. Certificate of Status Desire	ođ 🗆		5 Additional Required
City & Sta	ato	City & State				Election Campaign Financi Trust Fund Contribution	ing 🔲		00 May Be led to Fees
Zip	Country	Zip	Соц	ntry		8. This corporation has liabilit	ty for intangible	tax und	er s. 199.032,
4	25	29	30			Florida Statutes	Yes	☐ No	
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of Ne	w Registered	Agent	
	ARK, DIANA G		l	81 N	vame				
	83 N.W. 10TH AVE.		ŀ	82 S	Street Addre	ess (P.O. Box Number is Not Acc	ceptable)		
OK	EECHOBEE FL 34974		Į				· · ·		
				83					
			}	B4 (City			85	Zip Code
				٠, ١			FL	. 55	
office or agent. I	registered agent, or both, in the State am familiar with, and accept the oblig	02 and 607.1508, Florida State of Florida. Such change was pations of, Section 607.0505,	utes, the ab s authorized Florida Stati	ove-n by th utes.	amed corporation	oration submits this statement for ion's board of directors. I hereby	r the purpose of accept the ap	r changir xxintmeni	ig its registered
office or agent. I SIGNATURE	registered agont, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered ago OFFICERS AN	e of Florida. Such change war pations of, Section 607.0505, ment and life if applicable (N ID DIRECTORS	s authorized Florida Statu OTE Registered	d by th utes.	ne corporation	oration submits this statement for ion's board of directors. I hereby sed when reinstating) ADDITIONS/CHANGES TO	accept the ap	ointmen	t as registered
office or agent. I SIGNATURE 12.	registered agont, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered agon OFFICERS AN	e of Florida. Such change war pations of, Section 607.0505, lent and life if applicable(N	s authorized Florida Statu OTE Registered 13. 1.1 Til	d by thutes. Agent s	ne corporation	on's board of directors. I hereby	accept the ap	∞intmen	t as registered
office or agent. I SIGNATURE 12. TITLE	registered agont, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered agon FFICERS AN D GUTTERREZ, GUADALUPE R	e of Florida. Such change war pations of, Section 607.0505, ment and life if applicable (N ID DIRECTORS	S authorized Florida Statu OTE: Registered 13. 1.1 TiT	d by thutes. I Agent s LE	ne corporation	on's board of directors. I hereby	accept the ap	ointmen	t as registered
office or agent. I SIGNATURE 12. TITLE NAME STREET ADDRESS	registered agont, or both, in the State am familiar with, and accept the oblig Signature, tysed or printed name of registered agon FFICERS AN D GUTIERREZ, GUADALUPE R 3583 N.W. 10TH AVE.	e of Florida. Such change war pations of, Section 607.0505, ment and life if applicable (N ID DIRECTORS	s authorized Florida Statu OTE Registered 13. 1.1 Til 1.2 NA 1.3 STI	I Agent s LE ME	e corporation corp	on's board of directors. I hereby	accept the ap	ointmen	t as registered
office or agent. I SIGNATURE 12. TITLE NAME STREEL ADDRESS DITY-SI-ZIP	registered agent, or both, in the State am familiar with, and accept the oblig OFFICERS AN OFFICERS AN GUTIERREZ, GUADALUPE R 3583 N.W. 10TH AVE. OKEECHOBEE FL 34974	e of Florida Such change war pations of, Section 607.0505, lent and life if applicable (N ID DIRECTORS DELETE	S authorized Florida Statu OTE Registered 13. 1.1 III 1.2 NA 1.3 STI 1.4 CII	I Agent s LE ME REET ADI	e corporation corp	on's board of directors. I hereby	accept the ap	D DIREC	TORS IN 12 Oge Addition
office or agent. I SIGNATURE 12. TITLE NAME STREEL ADDRESS DITY-SI-ZIP	registered agent, or both, in the State am familiar with, and accept the oblig OFFICERS AN D GUTIERREZ, GUADALUPE R 3583 N.W. 10TH AVE. OKEECHOBEE FL 34974	e of Florida. Such change war pations of, Section 607.0505, ment and life if applicable (N ID DIRECTORS	S authorized Florida Statu OTE Registered 13. 1.1 TiT 1.2 NA 1.3 STI 1.4 CII 2.1 TIT	I Agent s LE ME REET ADI LE LE LE REET ADI LE LE	e corporation corp	on's board of directors. I hereby	accept the ap	ointmen	TORS IN 12 Oge Addition
office or agent. I SIGNATURE 12. THE NAME STREET ADDRESS DITY-SI-ZIP THE NAME	registered agont, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered agont Pricers AN D GUTIERREZ, GUADALUPE R 3583 N.W. 10TH AVE. OKEECHOBEE FL 34974 D STARK, DIANA G	e of Florida Such change war pations of, Section 607.0505, lent and life if applicable (N ID DIRECTORS DELETE	S authorized Florida Statu OTE Registered 13. 1.1 TI 1.2 MA 1.3 STI 1.4 CII 2.2 NA	I Agent s I Agent s ILE ME REET ADI ILE ME ILE ME REET ADI ILE ME	ne corporation of the corporatio	on's board of directors. I hereby	DATE OFFICERS AN	D DIREC	TORS IN 12 Oge Addition
office or agent. I SIGNATURE 12. THE NAME STREEL ADDRESS DITY-SI-7IP THE NAME STREEL ADDRESS	registered agont, or both, in the State am familiar with, and accept the oblig Signature, speed or printed name of registered agont	e of Florida Such change war pations of, Section 607.0505, lent and life if applicable (N ID DIRECTORS DELETE	s authorized Florida Statu OTE Registered 13. 1.1 TII 1.2 NA 1.3 STI 1.4 CII 2.1 TIT 2.2 NA 2.3 STI	I Agent 6 I Agent 6 ILE ME REET ADI IY-ST-Z ILE IME REET ADI	DRESS	on's board of directors. I hereby	DATE OFFICERS AN	D DIREC	TORS IN 12 Oge Addition
office or agent. I SIGNATURE 12. THE NAME STREEL ADDRESS DITY-SI-ZIP THE NAME STREEL ADDRESS CHY-SI-ZIP	registered agont, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered agont Pricers AN D GUTIERREZ, GUADALUPE R 3583 N.W. 10TH AVE. OKEECHOBEE FL 34974 D STARK, DIANA G	e of Florida Such change war pations of, Section 607.0505, ient and life if applicable (N ID DIRECTORS DELETE	S authorized State OTE Registered 13. 1.1 TH 1.2 MA 1.3 STI 1.4 CH 2.2 NA 2.3 STI 2.4 CH	I Agent s I Agent s ILE ME REET ADI LE ME REET ADI IY-ST-Z	DRESS	on's board of directors. I hereby	DATE OFFICERS AN	D DIREC Chan	TORS IN 12
office or agent. I SIGNATURE 12. TITLE NAME STREEL ADDRESS CITY-SL-ZIP TITLE NAME STREEL ADDRESS CITY-SL-ZIP	registered agont, or both, in the State am familiar with, and accept the oblig Signature, speed or printed name of registered agont	e of Florida Such change war pations of, Section 607.0505, lent and life if applicable (N ID DIRECTORS DELETE	s authorized State OTE Registered 13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CII 22 NA 2.3 STI 2.4 CI 3.1 TIT	I Agent s I Agent s ILE ME REET ADI IY-ST-Z ILE REET ADI IY-ST-ILE	DRESS	on's board of directors. I hereby	DATE OFFICERS AN	D DIREC	TORS IN 12
Office or agent. I SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CHY-SI-ZIP TITLE NAME STREET ADDRESS CHY-SI-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	registered agont, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered agont Printed Name of registered agont Printed Name of Registered And Description of Printed Name of Registered And Andrews October 1988 (1988) and An	e of Florida Such change war pations of, Section 607.0505, ient and life if applicable (N ID DIRECTORS DELETE	s authorized Florida Statu OTE Registered 13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.1 TIT 2.2 NA 2.3 STI 2.4 CI 3.1 TIT	I Agent s I Agent s I E ME REET ADI IY-ST-2 LE IME REET ADI IY-ST-1	DRESS ZIP	on's board of directors. I hereby	DATE OFFICERS AN	D DIREC Chan	TORS IN 12
office or agent. † SIGNATURE 12. TITLE NAME STREET ADDRESS DITY-SI-ZIP TITLE NAME STREET ADDRESS DITY-SI-ZIP TITLE	registered agont, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered agont Printed Name of registered agont Printed Name of Registered And Description of Printed Name of Registered And Andrews October 1988 (1988) and An	e of Florida Such change war pations of, Section 607.0505, ient and life if applicable (N ID DIRECTORS DELETE	S authorized Florida Statu OTE Registered 13. 1.1 TT 1.2 NA 1.3 STI 2.4 CI 2.1 TT 2.2 NA 2.3 STI 2.4 CI 3.1 TIT 3.2 NA 3.3 STI 3.3 STI	I Agent s I Agent s I E ME REET ADI IY-ST-2 ILE IME REET ADI ITY-ST-1 ILE IME REET ADI	DRESS DRESS DRESS	on's board of directors. I hereby	DATE OFFICERS AN	D DIREC Chan	TORS IN 12
office or agent. I SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agont, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered agont Printed Name of registered agont Printed Name of Registered And Description of Printed Name of Registered And Andrews October 1988 (1988) and An	e of Florida Such change war pations of, Section 607.0505, ient and life if applicable (N ID DIRECTORS DELETE	S authorized Florida Statu OTE Registered 13. 1.1 TT 1.2 NA 1.3 STI 2.4 CI 2.1 TT 2.2 NA 2.3 STI 2.4 CI 3.1 TIT 3.2 NA 3.3 STI 3.3 STI	I Agent s	DRESS DRESS DRESS	on's board of directors. I hereby	DATE OFFICERS AN	D DIREC Chan	TORS IN 12 TORS I
office or agont. I SIGNATURE 12. TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP	registered agont, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered agont Printed Name of registered agont Printed Name of Registered And Description of Printed Name of Registered And Andrews October 1988 (1988) and An	e of Florida Such change war pations of, Section 607.0505, sent and little if applicable (N ID DIRECTORS DELETE DELETE	s authorized State Florida State OTE Registered 13. 1.1 TIT 12. NA 1.3 STI 14 CII 22. NA 2.3 STI 2.4 CI 3.1 TIT 32. NA 3.3 STI 34. CI 3	I Agent is	DRESS DRESS DRESS	on's board of directors. I hereby	DATE OFFICERS AN	D DIRECT Chan	TORS IN 12 TORS I
office or agent. I SIGNATURE 12. TITLE NAME STREET ADDRESS OHY-SI-ZIP TITLE NAME STREET ADDRESS OHY-SI-ZIP TITLE NAME STREET ADDRESS OHY-SI-ZIP TITLE NAME	registered agont, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered agont	e of Florida Such change war pations of, Section 607.0505, sent and little if applicable (N ID DIRECTORS DELETE DELETE	S authorized State Florida State OTE Registered 13. 1.1 TT 1.2 NA 1.3 STI 2.1 TT 2.2 NA 2.3 STI 3.1 TT 3.2 NA 3.3 STI 3.4 CI 4.1 TT 4.2 NA	I Agent is	DRESS ZIP DRESS ZIP	on's board of directors. I hereby	DATE OFFICERS AN	D DIRECT Chan	TORS IN 12 TORS I
office or agont. I SIGNATURE 12. TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME	registered agont, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered agont	e of Florida. Such change war pations of, Section 607.0505, sent and little if applicable (N ID DIRECTORS DELETE	s authorized Florida Statu OTE Registered 13. 1.1 Tiff 1.2 NA 1.3 STi 1.4 CI2 2.1 Tiff 2.2 NA 2.3 STi 2.4 CI 3.1 TIT 3.2 NA 3.3 STi 4.1 Tiff 4.2 NA 4.3 STi	I Agent s I Agen	DRESS ZIP DRESS DRESS DRESS	on's board of directors. I hereby	DATE OFFICERS AN	D DIRECT Chan	TORS IN 12 TORS I
Office or agent. I SIGNATURE 12. TITLE NAME STREET ADDRESS CHY-SI-ZIP	registered agont, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered agont	e of Florida Such change war pations of, Section 607.0505, sent and little if applicable (N ID DIRECTORS DELETE DELETE	s authorized Florida Statu OTE Registered 13. 1.1 Tiff 1.2 NA 1.3 STi 1.4 CI2 2.1 Tiff 2.2 NA 2.3 STi 2.4 CI 3.1 TIT 3.2 NA 3.3 STi 4.1 Tiff 4.2 NA 4.3 STi	I Agent s LE LE ME REET ADI TY-ST-2 LE ME REET ADI TY-ST-1 LE AME REET ADI TY-ST-2 LE REET ADI TY-ST-3 LE REET ADI TY-ST-3 LE REET ADI TY-ST-3 LE REET ADI TY-ST-3 TY-ST-3	DRESS ZIP DRESS DRESS DRESS	on's board of directors. I hereby	DATE OFFICERS AN	D DIRECT Chan	TORS IN 12 TORS IN 12 Tope Addition Tope Addition Tope Addition Tope Addition
office or agont. I SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP	registered agont, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered agont	e of Florida. Such change war pations of, Section 607.0505, sent and little if applicable (N ID DIRECTORS DELETE	S authorized Florida Statu OTE Registered 13. 1.1 TT 1.2 NA 1.3 STI 2.4 CI 2.3 STI 2.4 CI 3.1 TIT 3.2 NA 3.3 STI 3.4 CI 4.1 TIT 4.2 NA 4.3 STI 4.2 NA	I Agent s LE ME REET ADI TY-ST-2 LE MME REET ADI TY-ST-1 LE AME REET ADI TY-ST-2 LE AME REET ADI TY-ST-2 LE AME REET ADI TY-ST-2 LE AME	DRESS ZIP DRESS DRESS DRESS	on's board of directors. I hereby	DATE OFFICERS AN	D DIREC Char	TORS IN 12 TORS IN 12 Tope Addition Tope Addition Tope Addition Tope Addition
Office or agent. I SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agont, and accept the oblig OFFICERS AN D GUTIERREZ, GUADALUPE R 3583 N.W. 10TH AVE. OKEECHOBEE FL 34974 D STARK, DIANA G 1105 N.W. 4TH STREET OKEECHOBEE FL 34972	e of Florida. Such change war pations of, Section 607.0505, sent and little if applicable (N ID DIRECTORS DELETE	S authorized Florida Statu OTE Registered 13. 1.1 Iff 1.2 MA 1.3 STI 1.4 CII 22 NA 2.3 STI 2.4 CI 3.1 ITI 3.2 NA 3.3 STI 3.4 CI 4.1 TIT 4.2 NA 4.3 STI 4.2 NA 4.3 STI 4.2 NA 5.3 STI 5.2 NA 5.5	I Agent s LE ME REET ADI TY-ST-2 LE MME REET ADI TY-ST-1 LE AME REET ADI TY-ST-2 LE AME REET ADI TY-ST-2 LE AME REET ADI TY-ST-2 LE AME	DRESS ZIP DRESS ZIP DRESS ZIP	on's board of directors. I hereby	DATE OFFICERS AN	D DIREC Char	TORS IN 12 TORS IN 12 Tope Addition Tope Addition Tope Addition Tope Addition
Office or agont. I SIGNATURE 12. THE NAME STREET ADDRESS CHY-ST-ZIP THE NAME	Signature, typed or printed name of registered agont, and accept the oblig OFFICERS AN D GUTIERREZ, GUADALUPE R 3583 N.W. 10TH AVE. OKEECHOBEE FL 34974 D STARK, DIANA G 1105 N.W. 4TH STREET OKEECHOBEE FL 34972	e of Florida. Such change way pations of, Section 607.0505, pent and lete if applicable (N ID DIRECTORS DELETE DELETE DELETE DELETE	S authorized State Florida State OTE Registered 13. 1.1 Til 1.2 MA 1.3 STI 1.4 CII 2.2 NA 2.3 STI 2.4 CII 3.1 TII 3.2 NA 3.3 STI 4.2 NA 4.3 STI 4.2 NA 4.3 STI 4.4 CII 5.2 NA 5.3 STI 5.5 STI	I by the land of t	ORESS ZIP DRESS ZIP DRESS ZIP DRESS	on's board of directors. I hereby	DATE OFFICERS AN	D DIREC Char Char	t as registered TORS IN 12 Addition TORS IN 12 Addition TORS IN 12 Addition
Office or agont. I SIGNATURE 12. TITLE NAME STREET ADDRESS CHY-SI-ZIP TITLE	Signature, typed or printed name of registered agont, and accept the oblig OFFICERS AN D GUTIERREZ, GUADALUPE R 3583 N.W. 10TH AVE. OKEECHOBEE FL 34974 D STARK, DIANA G 1105 N.W. 4TH STREET OKEECHOBEE FL 34972	e of Florida. Such change war pations of, Section 607.0505, sent and little if applicable (N ID DIRECTORS DELETE	S authorized Florida State OTE Registered 13. 1.1 Till 1.2 MA 1.3 STI 1.4 CII 2.2 NA 2.3 STI 2.4 CII 3.1 TII 3.2 NA 3.3 STI 3.4 CII 4.2 NA 4.3 STI 4.2 NA 4.3 STI 4.2 NA 5.3 STI 5.2 NA 5.3 STI 5.2 NA 5.3 STI 5.4 CII 6.1 TII 5.2 NA 5.3 STI 6.1 TII 6.1 TIII 5.2 NA 5.3 STI 6.1 TIII 6.1 TIIII 6.1 TIII 6.1 TIII 6.1 TIII 6.1 TIII 6.1 TIII 6.1 TIII 6.1 TIIII	I Agent s I Agent s ILE ME REET ADI IY-ST-2 LE ME REET ADI IY-ST-1 LE ME REET ADI IY-ST-2 LE LE ME REET ADI IY-ST-2 LE ILE	ORESS ZIP DRESS ZIP DRESS ZIP DRESS	on's board of directors. I hereby	DATE OFFICERS AN	D DIREC Char	t as registered TORS IN 12 Addition TORS IN 12 Addition TORS IN 12 Addition
OFFICE OF AGENT ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agont, and accept the oblig OFFICERS AN D GUTIERREZ, GUADALUPE R 3583 N.W. 10TH AVE. OKEECHOBEE FL 34974 D STARK, DIANA G 1105 N.W. 4TH STREET OKEECHOBEE FL 34972	e of Florida. Such change way pations of, Section 607.0505, pent and lete if applicable (N ID DIRECTORS DELETE DELETE DELETE DELETE	S authorized Florida State OTE Registered 13. 1.1 Til 1.2 MA 1.3 STI 1.4 CII 2.2 MA 2.3 STI 2.4 CI 3.1 TII 3.2 NA 3.3 STI 4.2 NA 4.3 STI 4.2 NA 4.5 STI 1.5 S.2 NA 5.3 STI 5.4 CII 6.2 NA 6.1 TII 6.2 TII 6.2 TII 6.2 TII 6.2 TII 6.2 TII 6.2 TII 6.	I Agent s I Agent s ILE ME REET ADI IY-ST-2 LE ME ME REET ADI IY-ST-2 ILE ME ME REET ADI IY-ST-2 ILE ME ME ME ME ME ME ME ME ME	DRESS ZIP DRESS ZIP DRESS ZIP DRESS ZIP	on's board of directors. I hereby	DATE OFFICERS AN	D DIREC Char Char	t as registered TORS IN 12 Addition TORS IN 12 Addition TORS IN 12 Addition
office or agont. I SIGNATURE 12. TITLE NAME STREET ADDRESS DITY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE	Signature, typed or printed name of registered agont, and accept the oblig OFFICERS AN D GUTTERREZ, GUADALUPE R 3583 N.W. 10TH AVE. OKEECHOBEE FL 34974 D STARK, DIANA G 1105 N.W. 4TH STREET OKEECHOBEE FL 34972	e of Florida. Such change way pations of, Section 607.0505, pent and lete if applicable (N ID DIRECTORS DELETE DELETE DELETE DELETE	S authorized Florida Statu Florida Statu OTE Registered 13. 1.1 TIT 1.2 MA 1.3 STI 1.4 CII 2.2 NA 2.3 STI 2.4 CI 3.1 TIT 3.2 NA 3.3 STI 4.2 NA 4.5 STI 4.5 STI 5.2 NA 5.3 STI 5.4 CII 6.2 NA 6.3 STI 6	I Agent s I Agent s ILE ME REET ADI ITY-ST-2 LE LE ME REET ADI ITY-ST-2 LE LE ME REET ADI ITY-ST-2 LE LE ME	DRESS ZIP DRESS ZIP DRESS ZIP DRESS ZIP	on's board of directors. I hereby	DATE OFFICERS AN	D DIREC Char Char	t as registered TORS IN 12 Addition TORS IN 12 Addition TORS IN 12 Addition

I. 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 or supplemental annual report or supplemental annual report or supplemental annual report or function 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

SUM ALLEY TO SUM PAIN LED NAME OF SIGNING OFFICER OR DIRECTOR

z R. Gutiernez

28-97 941-763255

yurne enone e