


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

**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90060 042 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 98000048460					
1. Corporation Name HARBISON FARM INC. 4696 E Hwy 329 Anthony, FL 32617					
Principal Place of Business			Mailing Address 4696 E Hwy 329 Anthony, FL 32617		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		3a. Date of Last Report 05/01/1999	
Suite, Apt #, etc		Suite, Apt #, etc		4. FEI Number 59-3512876	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip		Zip			
24		29			
Country		Country			
25		30			
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
6-TROY HARBISON 4696 E Highway 329 Anthony FL 32617			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 remaining) DATE					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11/12					
11. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
12. NAME					
13. STREET ADDRESS					
14. CITY - ST - ZIP					
21. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
22. NAME					
23. STREET ADDRESS					
24. CITY - ST - ZIP					
31. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
32. NAME					
33. STREET ADDRESS					
34. CITY - ST - ZIP					
41. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
42. NAME					
43. STREET ADDRESS					
44. CITY - ST - ZIP					
51. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
52. NAME					
53. STREET ADDRESS					
54. CITY - ST - ZIP					
61. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
62. NAME					
63. STREET ADDRESS					
64. 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.					
SIGNATURE: Noel G. Harbison					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
4-30-99 352-245-2096					
Date Daytime Phone #					
0438361					