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Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90042 011 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # P98000089072

1. Corporation Name
CRACKER HARVESTING, INC.

Principal Place of Business
2135 LONNIE SHACKLEFORD ROAD
ZOLFO SPRINGS FL 33890

Mailing Address
2135 LONNIE SHACKLEFORD ROAD
ZOLFO SPRINGS FL 33890

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/19/1998

4. FEI Number
65-0866780

Applied For
Not Applicable

5. Certificate of Status Desired - ☐ **\$8.75** Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00** May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Po Box 290

27 Suite, Apt. #, etc.

28 City & State

29 FLA, FL

30 Zip Country

31 33865 32

9. Name and Address of Current Registered Agent

MOSELEY, JOHN M
2135 LONNIE SHACKLEFORD ROAD
ZOLFO SPRINGS FL 33890

10. Name and Address of New Registered Agent

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 *John M. Moseley*
Signature, typed or printed name of registered agent and true if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME MOSELEY, JOHN M
STREET ADDRESS 2135 LONNIE SHACKLEFORD ROAD
CITY-ST-ZIP ZOLFO SPRINGS FL 33890

TITLE D
NAME GOUGH, J.R. JR.
STREET ADDRESS 2097 DANSBY ROAD
CITY-ST-ZIP WAUCHULA FL 33873

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE S
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE P
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

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

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

6.1 TITLE
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, with all other like empowered.

SIGNATURE: *John M. Moseley* 1/8/99 941
Signature and typed or printed name of signing officer or director Date Daytime Phone # 735-9526

CR2E034 (11/98)