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Secretary of State

02-22-1999 90087 004 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S06867 1. Corporation Name HARLEE FRUIT & VEGETABLE, INC.					
Principal Place of Business 744 HILLCREST DRIVE BRADENTON FL 34209			Mailing Address 744 HILLCREST DRIVE BRADENTON FL 34209		
2. Principal Place of Business 21 8106 DESOTO MEMORIAL HWY. Suite, Apt. #, etc. 22 B City & State 23 BRADENTON, FLORIDA Zip Country 24 34209 25 USA		2a. Mailing Address 26 P.O. BOX 431 Suite, Apt. #, etc. 27 City & State 28 BRADENTON, FLORIDA Zip Country 29 34206 30 USA		3. Date Incorporated or Qualified 10/02/1990 4. FEI Number 65-0224850 Applied For 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 the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent HARLEE, JOHN P. IV 744 HILLCREST DRIVE BRADENTON FL 34209			10. Name and Address of New Registered Agent 81 Name HARLEE, JOHN P. IV 82 Street Address (P.O. Box Number is Not Acceptable) 8106 DESOTO MEMORIAL HWY. 83 84 City BRADENTON 85 Zip Code FL 34209		
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 <i>John P. Harlee IV President</i> (JOHN P. HARLEE IV PRESIDENT) 1-8-99 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 D HARLEE, JOHN P. IV STREET ADDRESS 744 HILLCREST DRIVE CITY-ST-ZIP BRADENTON FL 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 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 D HARLEE, JOHN P. IV 1.3 STREET ADDRESS 8106 DESOTO MEMORIAL HWY. 1.4 CITY-ST-ZIP BRADENTON, FL 34209 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 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		



DO NOT WRITE IN THIS SPACE

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 P. Harlee IV President* (JOHN P. HARLEE IV, PRESIDENT) 1-8-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #