

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED
1. AND
FILED

05 MAY 1994 11:01:15

STORAGE ROOM
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # S25856	(3)
1. Corporation Name: LELTON STATON HARVESTING INC.	

Principal Place of Business: RT. 2 BOX 159 DD WAUCHULA FL 33873	Mailing Address: RT. 2 BOX 159 DD WAUCHULA FL 33873
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address: 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country 30. Country
--	--

3. Date Incorporated or Qualified 01/18/1991	3a. Date of Last Report 04/05/1994
4. FEI Number 59-3042306	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 has liability for intangible taxes under § 190.007, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent STATON, LELTON RT 2 BOX DD WAUCHULA FL 33873	
--	--

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: *[Signature]* Signature of Registered Agent or New Registered Agent

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS	D STATON, LELTON RT 2 BOX 159 DD WAUCHULA FL	1.2 NAME	
CITY, ST, ZIP		1.3 STREET ADDRESS	
		1.4 CITY, ST, ZIP	
TITLE	NAME	2.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS		2.2 NAME	
CITY, ST, ZIP		2.3 STREET ADDRESS	
		2.4 CITY, ST, ZIP	
TITLE	NAME	3.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS		3.2 NAME	
CITY, ST, ZIP		3.3 STREET ADDRESS	
		3.4 CITY, ST, ZIP	
TITLE	NAME	4.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS		4.2 NAME	
CITY, ST, ZIP		4.3 STREET ADDRESS	
		4.4 CITY, ST, ZIP	
TITLE	NAME	5.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS		5.2 NAME	
CITY, ST, ZIP		5.3 STREET ADDRESS	
		5.4 CITY, ST, ZIP	
TITLE	NAME	6.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS		6.2 NAME	
CITY, ST, ZIP		6.3 STREET ADDRESS	
		6.4 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.007, 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR