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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90109 004 ***150.00

DOCUMENT # S66911 1. Corporation Name

FAMILY HARVEST, INC

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

BELLEVIEW FL 34420 US BELLEVIEW FL 34420 US DO NOT WRITE IN THIS SPACE 3. Oate Incorporated or Qualified O7/09/1991 4. FEL Number Suite, Apt. #, etc.	r micipai i iace c	of Business	Mailing Address						
2. Principal Place of Business 21		34420 BELLEVIEW FL 34420			DO NOT WRITE IN THIS SPACE				
2. Principal Place of Business 21					' .		}		
Suite, Apt. #, etc. Scerificate of Status Desired	1		<u> </u>						
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City & State City & State City & State City & State Country Zip Z		, etc.	H		5. Certificate of Status Desired				
Trust Fund Contribution Added to Fees				. من	6. Election Campaign Financing	\$5.00	May Be		
Signature Sign		English El	28 (PANDLER	FL	,	•	-		
9. Name and Address of Current Registered Agent CHIARENZELLI, PHILLIP C. 12520 SE 54 AVE BELLEVIEW FL 32620 81 City AND C. 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 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 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, almost the obligations of, Section 607,0505 (Policy Statutes). SIGNATURE Signature, type for printing with, and accept the obligations of, Section 607,0505 (Policy Statutes). ARCTE: Registered Agent exponents in an analysis of directors. I hereby accept the appointment as registered agent. I hereby accept the appointment as registered agent. I hereby accept the appointment as registered agent. I hard purpose of changing its registered agent agen		Country		Country	8. This corporation owes the current year	Intangible			
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NAME 3.2 NAME]			3.2 NAME					
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6.4 CITY-ST-ZIP 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 ghapg

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

52 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

□ DELETE

☐ DELETE

SIGNATURE: 4

Change

☐ Change

Change

☐ Addition

Addition

☐ Addition