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Secretary of State

03-03-1999 90109 004 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S66911

1. Corporation Name
FAMILY HARVEST, INC.

Principal Place of Business

12520 SE 54 AVE
BELLEVUE FL 34420
US

Mailing Address

12520 SE 54 AVE
BELLEVUE FL 34420
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/09/1991

4. FEI Number

59-3081322

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 **11783 Hwy 441 S.**

Suite, Apt. #, etc.

22 **BELLEVUE FL.**

City & State

23 **34420** **U.S.**

Zip Country

2a. Mailing Address

26 **P.O. Box 69**

Suite, Apt. #, etc.

27 **CANDLER FL**

City & State

28 **32111** **U.S.**

Zip Country

9. Name and Address of Current Registered Agent

CHIARENZELLI, PHILLIP C.
12520 SE 54 AVE
BELLEVUE FL 32620

10. Name and Address of New Registered Agent

81 Name **CHIARENZELLI, Phillip C.**

82 Street Address (P.O. Box Number is Not Acceptable)
10700 SE 110th St. Rd.

83

84 City **CANDLER** **FL** 85 Zip Code **32111**

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 **Phillip C. Chiarenzelli** **Phillip C. CHIARENZELLI (Pres.)** **2-9-99**
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 **PD** ☐ DELETE
NAME **CHIARENZELLI, PHILLIP C.**
STREET ADDRESS **12520 SE 54 AVE**
CITY-ST-ZIP **BELLEVUE FL**

TITLE **STD** ☐ DELETE
NAME **CHIARENZELLI, PEGGY A.**
STREET ADDRESS **12520 SE 54 AVE**
CITY-ST-ZIP **BELLEVUE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P.D.** ☒ Change ☐ Addition
1.2 NAME **CHIARENZELLI, Phillip C.**
1.3 STREET ADDRESS **10700 SE 110th St. Rd.**
1.4 CITY-ST-ZIP **CANDLER, FL. 32111**

2.1 TITLE **STD** ☒ Change ☐ Addition
2.2 NAME **CHIARENZELLI, PEGGY R.**
2.3 STREET ADDRESS **10700 SE 110th St. Rd.**
2.4 CITY-ST-ZIP **CANDLER, FL. 32111**

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

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

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

6.1 TITLE ☐ Change ☐ Addition
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: **Peggy R. Chiarenzelli** **PEGGY R. CHIARENZELLI** **2-9-99 (32) 341-7730**
Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/98)