

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Mar 21 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
 1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **V01231** (2)  
 1. Corporation Name:  
**GOLDEN HARVEST SALES CO., INC.**



Principal Place of Business: **4788 N US 1 FT. PIERCE FL 34946 US**  
 Mailing Address: **PO BOX 2549 FT. PIERCE FL 34954-2549 US**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>12/19/1991</b>	3a. Date of Last Report <b>03/13/1996</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>65-0311888</b>	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>BASS, R. DALE 3091 OLD EDWARDS ROAD FORT PIERCE FL 34981</b>	10. Name and Address of New Registered Agent
	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83.
	84. City
	85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer 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 and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE		(NOTE: Registered Agent signature required when reinstating)		DATE
12. OFFICERS AND DIRECTORS	<input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	D	11. TITLE		
NAME	BASS, R. DALE	12. NAME		
STREET ADDRESS	3091 OLD EDWARDS RD.	13. STREET ADDRESS		
CITY-STATE-ZIP	FT. PIERCE FL	14. CITY-STATE-ZIP		
TITLE	D	21. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BASS, DIANNA	22. NAME		
STREET ADDRESS	3091 OLD EDWARDS RD.	23. STREET ADDRESS		
CITY-STATE-ZIP	FT. PIERCE FL	24. CITY-STATE-ZIP		
TITLE		31. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		32. NAME		
STREET ADDRESS		33. STREET ADDRESS		
CITY-STATE-ZIP		34. CITY-STATE-ZIP		
TITLE		41. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		42. NAME		
STREET ADDRESS		43. STREET ADDRESS		
CITY-STATE-ZIP		44. CITY-STATE-ZIP		
TITLE		51. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		52. NAME		
STREET ADDRESS		53. STREET ADDRESS		
CITY-STATE-ZIP		54. CITY-STATE-ZIP		
TITLE		61. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		62. NAME		
STREET ADDRESS		63. STREET ADDRESS		
CITY-STATE-ZIP		64. CITY-STATE-ZIP		

14. I do 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.

SIGNATURE: *Dianna Bass* **DIANNA BASS** 4-13-97 561-461-6669  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day, Month, Year

CR2E034 (9/96)