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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90032 020 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V10546

1. Corporation Name

THE HARVEST PIE COMPANY

Principal Place of Business

238 SILVERADO DRIVE
NAPLES FL 34119
US

Mailing Address

238 SILVERADO DRIVE
NAPLES FL 33999
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/30/1992

4. FEI Number

65-0311771

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 Suite, Apt. #, etc.

23 City & State

24 Zip

25 County

2a. Mailing Address

27 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

ROGER DYKSTRA
238 SILVERADO DRIVE
~~SUITE 400~~
NAPLES FL 33999-34119

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

ROGER DYKSTRA
238 SILVERADO DRIVE

FL

85 Zip Code
34119

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, 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 ROGER, DYKSTRA
STREET ADDRESS: 238 SILVERADO DR.
CITY-ST-ZIP: NAPLES FL

TITLE VS ☐ DELETE

NAME BRIGITTE DYKSTRA
STREET ADDRESS: 238 SILVERADO DR
CITY-ST-ZIP: NAPLES 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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 26/99 941-352-8586

Date

Jaytime Phone #

CR2E034 (11/98)