

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # V16730 (6)**

1. Corporation Name

**C & L HARVESTING, INC.**



Principal Place of Business

Mailing Address

**224 RIDGECREST LOOP  
CLERMONT FL 34711-3242  
US**

**P O BOX 10  
OCFEE FL 34761  
US**

3. Date Incorporated or Qualified  
**02/24/1992**

3a. Date of Last Report  
**08/18/1995**

4. FEI Number

**57-0885830**

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 tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 **20690 SUGARLOAF MT. RD.**

**P.O. BOX 188**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **CLERMONT, FL.**

27

City & State

City & State

23 **34711**

28

Zip

Country

Zip

Country

24 **LAKE**

29

**34761**

**OCFEE, FL.**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WATSON, W. NEAL  
965 JUNIATA ST  
CLERMONT FL 34711**

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, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☒ Change ☐ Addition

NAME  
**WATSON, W. NEAL**  
STREET ADDRESS  
**224 RIDGECREST LOOP**  
CITY- ST- ZIP  
**CLERMONT FL**

1.2 NAME  
1.3 STREET ADDRESS  
**20690 SUGARLOAF MT. RD.**  
1.4 CITY- ST- ZIP  
**CLERMONT, FL. 34711**

TITLE ☐ DELETE

2.1 TITLE ☒ Change ☐ Addition

NAME  
**WATSON, SUZANNE**  
STREET ADDRESS  
**224 RIDGECREST LOOP**  
CITY- ST- ZIP  
**CLERMONT FL**

2.2 NAME  
2.3 STREET ADDRESS  
**20690 SUGARLOAF MT. RD.**  
2.4 CITY- ST- ZIP  
**CLERMONT, FL. 34711**

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY- ST- ZIP

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY- ST- ZIP

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY- ST- ZIP

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY- ST- ZIP

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **Neal Watson** **NEAL WATSON** **2-5-96** **407-257-0442**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)