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PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V16730

(6)

C&LH	ARVESTING, INC.								
Principal Place	e of Business	Mailing Address						. Dibli bibli p) 0 1
20690 SUGARLO CLERMONT FL US	P.O. BOX 188 OCOEE FL 34761-0188 US								
						3. Date Incorporated or Qualified 02/24/1992	3a. Date 02/09	of Last Re /1996	eport
2. Principal Pi	lace of Business	2a. Mailing Address 26				4. FEI Number 57-0885830			plied For of Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A	Additional
City & State	e	City & State			······································	6. Election Campaign Financing		\$5.00	
23		28	ter wet had a terror more had below			Trust Fund Contribution		Added to	
Zip	Country	Zip	\vdash	untry		8. This corporation has liability for in Florida Statutes	ntangible ta Yes		199.032,
24	25] 9. Name and Address of Currer	29 nt Registered Agent	30	T		10. Name and Address of New Reg			
WAT	ISON, W. NEAL			81	Name		<u> </u>		
965 JUNIATA ST				82	Street Addr	ress (P.O. Box Number is Not Acceptab	le)		
CLE	RMONT FL 34711			83			· ·······························		
				84	City			es 7in (Code
 -				-	,	poration submits this statement for the pr	┡┖╵		
SIGNATURE	Signal are typico or printed name of registered ag-	ent and title if applicable (NOT				tion's board of directors. I hereby accept red when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE		
TITLE	OFFICERS AN	ID DIRECTORS DELETE	1.171	ITI F		ADDITIONS/CHANGES TO OFFIC		Change	Addition
NAME	WATSON, W. NEAL	hand where the	1.2 N				•	T committee	Las reconos.
STREET ADDRESS	20690 SUGARLOAF MOUNT R	IOAD			ADDRESS				
CITY - ST - ZIP	CLERMONT FL		1.4 C	ity-s	iT-21P				
TITLE	D WATCOM CUTANDE	DELETE	2.1 1				L	Change	Addition
NAME	WATSON, SUZANNE 20690 SUGARLOAF MOUNT R	HOAD.	2.2 N	-					
STREET ADDRESS	CLERMONT FL	IUAU			ADDRESS	خر	.,		
CITY - ST - ZIP TITLE	OLLIANOITI FL	DELETE	2. 4 C		ST-ZIP	!		Change	Addition
NAME		*	3.2 N	•				#	hand ::==
STREET ADDRESS					ADDRESS				
CITY - ST - ZIP			3.4 0	HY-5	ST-ZIP				
TITLE		DELETE	4.1 71			,	L] Change	Addition
NAME				NAME					
STREET ADDRESS					ADORESS				
CITY-ST-ZIP TITLE		DELETE	4.4 CI 5.1 TI		ST- ZIP			Change	☐ Addition
NAME			5.2 N				Paris.	_ onenge	La ripanion
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP					ST-2IP				
1ITLE	,	DELETE	6.1 TI					Change	Addition
NAME			6.2 N	AME					
STREET ADDRESS			6.3 \$	TREET	ADDRESS				
CITY-ST-ZIP					ST-ZIP				
informatio I am an ol	on indicated on this annual report or :	supplemental annual report is t r the receiver or trustee empoy	true and a wered to a	accu	urate and that	d in Section 119.07(3)(i), Florida Statutes I my signature shall have the same legal rt as required by Chapter 607, Florida S	l effect as if	made und	der oath; that

SIGNATURE:

407-258-0442

FILED

Jan 22 1997 8:00am

Secretary of State