

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 21, 1999 8:00 am
Secretary of State

05-21-1999 90002 021 ***150.00

DOCUMENT # V59459

1. Corporation Name

G & R HARVESTING, INC.

Principal Place of Business

785 A RD
LA BELLE FL 33935

Mailing Address

P.O. BOX 1231
LABELLE FL 33975
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/24/1992

4. FEI Number

65-0353294

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

21 435 A Road

Suite, Apt. #, etc.

22 City & State

23 LaBelle FL

Zip Country

24 33935 25 USA

2a. Mailing Address

Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

RIVAS, LORENZO
785 A RD
LA BELLE FL 33935

10. Name and Address of New Registered Agent

81 Name
RIVAS LORENZO

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

435 A ROAD

83

84 City LABELLE

FL

85 Zip Code
33935

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 VS
NAME RIVAS, JUANA
STREET ADDRESS 785 A ROAD
CITY-ST-ZIP LABELLE FL

TITLE P
NAME RIVAS, LORENZO
STREET ADDRESS 785 A RD.
CITY-ST-ZIP LA BELLE FL

TITLE T
NAME RIVAS, RENE
STREET ADDRESS 785 A ROAD
CITY-ST-ZIP LA BELLE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VS
1.2 NAME RIVAS, Juana
1.3 STREET ADDRESS 435 A Road
1.4 CITY-ST-ZIP LaBelle FL 33935

2.1 TITLE P
2.2 NAME RIVAS, Lorenzo
2.3 STREET ADDRESS 435 A Rd.
2.4 CITY-ST-ZIP LaBelle FL 33935

3.1 TITLE T.
3.2 NAME RIVAS Rene
3.3 STREET ADDRESS 435 A Rd.
3.4 CITY-ST-ZIP LaBelle FL 33935

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

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

6.1 TITLE
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

4/24/99 941-675-1532

CR2E034 (11/98)