

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001076

Entity Name: HARVEST AVIATION, INC.**Current Principal Place of Business:**1314 MAURICE SONNY CLAVEL RD.
WAUCHULA, FL 33873**Current Mailing Address:**1314 MAURICE SONNY CLAVEL RD.
WAUCHULA, FL 33873 US**FEI Number:** 65-1093830**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BURCH, MICHAEL H
4887 OLLIE ROBERTS ROAD
BOWLING GREEN, FL 33834 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** MICHAEL H BURCH

01/27/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT, DIRECTOR
Name	BURCH, MICHAEL H
Address	4887 OLLIE ROBERTS ROAD
City-State-Zip:	BOWLING GREEN FL 33834

Title	SECRETARY, DIRECTOR
Name	MCCONKEY, CHARLES I
Address	300 S WASHINGTON LOT 99
City-State-Zip:	FORT MEADE FL 33841

Title	DIRECTOR
Name	MARSH, JIM C
Address	406 4TH ST., NE
City-State-Zip:	FORT MEADE FL 33841

Title	TREASURER, DIRECTOR
Name	DICKEY, ANNA
Address	213 RIVERSIDE DRIVE
City-State-Zip:	WAUCHULA FL 33873

Title	DIRECTOR
Name	GILLISPIE, MICHAEL
Address	535 BOST ROAD
City-State-Zip:	WAUCHULA FL 33873

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JIM MARSH**DIRECTOR**

01/27/2017

Electronic Signature of Signing Officer/Director Detail

Date