

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 # 521990 (2)

1. Corporation Name
EAGLE LAKE HARVESTING CORPORATION



Principal Place of Business

HIGHWAY 80, WEST
P.O. BOX 459
LABELLE FL 33935

Mailing Address

HIGHWAY 80, WEST
P.O. BOX 459
LABELLE FL 33935

3. Date Incorporated or Qualified: 01/11/1977
3a. Date of Last Report: 04/25/1995

2. Principal Place of Business

2a. Mailing Address

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4. FET Number: 59-1750706
Applied For: Not Applicable

Subj. Apt. #, etc.

P.O. Box 459

22

27. Attn: Kathy McDaniel

5. Certificate of Status Desired: \$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

23

28. LaBelle FL

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

24

Zip: Country

Zip: Country

25

29. 33935 30. US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MURPHY, MICHAEL
HIGHWAY 80, WEST
LABELLE FL 33935

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 607.1506, 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 of Director, Officer or Registered Agent

Signature of Registered Agent (if not the person who is registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	S	<input type="checkbox"/> DELETE
NAME	MCDANIEL, KATHY	
STREET ADDRESS	270 LIVE OAK LANE	
CITY-STATE-ZIP	LABELLE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MURPHY, MICHAEL	
STREET ADDRESS	HIGHWAY 80, WEST	
CITY-STATE-ZIP	LABELLE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ASMUS, LYNN U	
STREET ADDRESS	HWY 80, WEST	
CITY-STATE-ZIP	LABELLE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	JENSEN, CHARLES T	
STREET ADDRESS	HIGHWAY 80 WEST	
CITY-STATE-ZIP	LABELLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
10. NAME	VD
11. STREET ADDRESS	CALVIN C. SELLERS, JR.
12. CITY-STATE-ZIP	HWY 80, WEST
13. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
14. NAME	TD
15. STREET ADDRESS	NANCY S. SAXON
16. CITY-STATE-ZIP	HWY 80, WEST
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	LABELLE FL 33935

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 change of or on an attachment with an address.

SIGNATURE: *Kathy H. McDaniel* Kathy H. McDaniel, Secretary January 17, 1996 (941)675-2769
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Declared Phone #

CR2E034 (12/95)