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**Mar 10 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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
**PO BOX 459
ATTN: KATHY MCDANIEL
LABELLE FL 33975-0459
US**

3. Date Incorporated or Qualified **01/11/1977** 3a. Date of Last Report **01/30/1996**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. **26** Suite, Apt. #, etc.
22 City & State **27** City & State
23 Zip Country **28** Zip Country
24 **25** **29** **30**

4. FEI Number **59-1750706** 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

9. Name and Address of Current Registered Agent
**MURPHY, MICHAEL
HIGHWAY 80, WEST
LABELLE FL 33935**

10. Name and Address of New Registered Agent
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 _____ DATE _____
S. 199.032, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> DELETE
NAME	MCDANIEL, KATHY	
STREET ADDRESS	270 LIVE OAK LANE	
CITY - ST - ZIP	LABELLE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MURPHY, MICHAEL	
STREET ADDRESS	HIGHWAY 80, WEST	
CITY - ST - ZIP	LABELLE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SELLERS, CALVIN C JR	
STREET ADDRESS	HWY 80, WEST	
CITY - ST - ZIP	LABELLE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SAXON, NANCY S	
STREET ADDRESS	HWY 80, WEST	
CITY - ST - ZIP	LABELLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	VD
3.3 STREET ADDRESS	Kemper, WE
3.4 CITY - ST - ZIP	3655 SR 80 West Alva FL 33920
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: *Kathy H. McDaniel* **Kathy H. McDaniel** 1/3/97 941/324-4988
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)