

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

FILED
Apr 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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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 5609 ATTN: KATHY MCDANIEL LABELLE FL 33680 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/11/1977

4. FEI Number
59-1750706

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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

21. Principal Place of Business Suite, Apt. #, etc.	22. Mailing Address Suite, Apt. #, etc.
23. City & State	24. City & State
25. Zip Country	26. Zip Country

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
WE Kemper

82 Street Address (P.O. Box Number is Not Acceptable)
3655 SR 80, West

84 City **Alva** FL 85 Zip Code **33920**

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 *W.E. Kemper* (NOTE: Registered Agent signature required when reinstating) DATE

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 checked="" type="checkbox"/> DELETE
NAME	MURPHY, MICHAEL	
STREET ADDRESS	HIGHWAY 80, WEST	
CITY-ST-ZIP	LABELLE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KEMPER, WE	
STREET ADDRESS	3655 SR 80 WEST	
CITY-ST-ZIP	ALVA FL	
TITLE	TD	<input checked="" 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	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	344 Lake Daisy Circle	
1.4 CITY-ST-ZIP	Winter Haven, FL 33884	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Hall, Keith	
2.3 STREET ADDRESS	3655 SR 80 West	
2.4 CITY-ST-ZIP	Alva, FL 33920	
3.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Coleman, Harold R	
4.3 STREET ADDRESS	3655 SR 80 West	
4.4 CITY-ST-ZIP	Alva, FL 33920	
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 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 McDaniel* **Kathy McDaniel** 1/7/98 (941)324-4988

CR2E034 (10/97)