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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 521990

EAGLE LAKE HARVESTING CORPORATION

,							
Principal Place	of Business	Mailing Address			T I BRITES BLILLE (1984) SIRVE INCH INSIL STATE AT	911 Ø1811 Q1811 B1811 B1	BIL B/81) (\$81
HIGHWAY 80. WEST		PO BOC 5609					
P.O. BOX 459		ATTN: KATHY MCDANIEL		DO NOT WRITE IN T	HIS SPACE		
LABELLE FL 33935		LABELLE FL 33880 US		3. Date Incorporated or Qualified			
		00			01/11/1977		
2. Principal Pl	lace of Business	2a. Mailing Address		10	4. FEI Number	Apr	lied For
21		26			59-1750706	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A	dditional
22		27			J. Certificate of Status Desired	Fee Red	quired
City & State	e .	City & State			6. Election Campaign Financing	\$5.00	
23		28			Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country	1	8. This corporation owes the current year		□No
24	25	29 30			Personal Property Tax. 10. Name and Address of New Register		
<u></u>	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Register	eu Agent	
KEM	PER, W E			Numb			
l	S SR 80 W		82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
	A FL 33920		83	_		-	
1			84	City	ī	FL 85 Zip C	ode
11. Pursuant	to the provisions of Sections 607 0502	and 607.1508. Florida Statutes.	the above	e-named corp	poration submits this statement for the purposi	e of changing its	registered
l office or n	egistered agent or both in the State of	f Florida. Such change was auth	orized by	the corporation	poration submits this statement for the purposion's board of directors. I hereby accept the ap	e of changing its	registered jistered
office or n agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligation	f Florida. Such change was auth	orized by	the corporation	poration submits this statement for the purposi	e of changing its	registered jistered
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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 en an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

Kathy H. McDaniel, Secretary

1/12/99 (941)324-4988,ext 235

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90197 039 ***158.75