

FILE NOW: FILING FEE AFTER MAY 1 IS \$215.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morth...
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P10043 (8)**
1. Corporation Name
ADIRONDACK HARVESTERS INC.



Principal Place of Business: **314 NORTH PEARL STREET ALBANY NY 12207**
Mailing Address: **314 NORTH PEARL STREET ALBANY NY 12207**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 05/09/1986	3a. Date of Last Report 03/06/1995
21. State, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 22-2675499	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	29. Zip	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BATISTA, PAUL A.
7264 TRANQUIL DRIVE
SPRING HILL FL 34806**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

11. Pursuant to the provisions of Sections 607.0507 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: *Terry O. Fuller* DATE: **2/20/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FULLER, TERRY	1.2 NAME	
STREET ADDRESS	6 TORRERO DRIVE	1.3 STREET ADDRESS	
CITY-STATE-ZIP	CLIFTON PARK NY	1.4 CITY-STATE-ZIP	
TITLE	VO	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATISTA, PAUL	2.2 NAME	
STREET ADDRESS	RD# 3 BOX 208 STITT RD.	2.3 STREET ADDRESS	
CITY-STATE-ZIP	ALTAMONT NY	2.4 CITY-STATE-ZIP	
TITLE	SO	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATISTA, DAVIA	3.2 NAME	
STREET ADDRESS	RD# 3 BOX 208 STITT RD.	3.3 STREET ADDRESS	
CITY-STATE-ZIP	ALTAMONT NY	3.4 CITY-STATE-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

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 changed, or on an attachment with an address.

SIGNATURE: *Terry O. Fuller* DATE: **2/20/96**

CR2E034 (12/95)