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PROFIT CORPORATION ANNUAL REPORT 1998



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

FILED May 04 1998 8:00am Secretary of State

DOCUMENT # 275299

(6)

1. Corporation Name ADAMS CITRUS NURSERY, INC.



Principal Place of Business

Mailing Address

STATE ROAD 544 EAST HAINES CITY FL 33844

P.O. BOX 1505 HAINES CITY FL 33845 US

DO NOT WRITE IN THIS SPACE

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

g. Name and Address of Current Registered Agent

ADAMS, WILLIAM G. ST. RD. 544 EAST HAINES CITY FL 33844

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

Signature type for printed name of registered agent and director, if applicable

(NOTE: Registered Agent signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with 5 rows of officer information including Title, Name, Street Address, and City-ST-ZIP. Officers listed include William G. Adams, Wanda L. Imber, Gusta Lee Adams, Alan Adams, and Brenda Johnson.

Table with 6 rows for additions/changes to officers and directors, including Title, Name, Street Address, and 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 supplementary 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 a 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 of this filing, or in an attachment with an address.

SIGNATURE

Handwritten signature of William G. Adams

4/24/98

CR2E034 (10/97)