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**APPROVED AND FILED**

**95 MAR 21 PM 4:19**

**CORPORATION**  
**ANNUAL REPORT**  
**1995**



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

**DOCUMENT # 467218 (4)**  
 1. Corporation Name  
**WORLD CITRUS, INC.**

Principal Place of Business Mailing Address  
**OFFICES OF CITRUS WORLD, INC.**  
**P. O. BOX 1111**  
**LAKE WALES FLORIDA 33859-8111**

**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

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 28 Zip  
 24 Country 25 Country 29 Country 30 Country

3. Date Incorporated or Qualified **12/30/1974** 3a. Date of Last Report **01/25/1994**  
 4. FEI Number **56-1086454** Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing  **\$5.00 May Be Added to Fees**  
 7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**HENDRY, WILLIAM J.**  
**U.S. HIGHWAY 27 NORTH**  
**OFFICES OF CITRUS WORLD, INC.**  
**LAKE WALES FLORIDA 33859-8111**

10. Name and Address of New Registered Agent  
 B1 Name  
 B2 Street Address (P.O. Box Number is Not Acceptable)  
 B3  
 B4 City **FL** B5 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<b>P</b>
NAME	<b>HUNT, FRANK M</b>
STREET ADDRESS	<b>1015 SUNSET DRIVE</b>
CITY-ST-ZIP	<b>LAKE WALES, FL 00000</b>
TITLE	<b>V</b>
NAME	<b>MARSHBURN, JOSEPH D</b>
STREET ADDRESS	<b>515 S LAKE FLORENCE DR</b>
CITY-ST-ZIP	<b>WINTER HAVEN, FL 00000</b>
TITLE	<b>VP</b>
NAME	<b>STEPHEN M. CARUSO</b>
STREET ADDRESS	<b>1355 SO SUMMERLIN AVE</b>
CITY-ST-ZIP	<b>ORLANDO, FL 32808</b>
TITLE	<b>VP</b>
NAME	<b>WILLIAM L. RALEY</b>
STREET ADDRESS	<b>LAKE ELOISE DRIVE</b>
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>
TITLE	<b>S</b>
NAME	<b>B. S. VARN</b>
STREET ADDRESS	<b>120 N. OAK STREET</b>
CITY-ST-ZIP	<b>FT. MEADE/FL/33841/ Delete</b>
TITLE	<b>T</b>
NAME	<b>WILLIAM J. HENDRY</b>
STREET ADDRESS	<b>4223 CONWAY PLACE CIRCLE</b>
CITY-ST-ZIP	<b>ORLANDO, FL 32812</b>

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	<b>VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<b>CEO</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<b>ST</b> <input checked="" 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(4), 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 this 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:** *William J. Hendry* **William J. Hendry Secretary-Treasurer 2/27/95 8136761411**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #