

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

**FILED**  
**May 06 1998 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 467218 (4)**  
 1. Corporation Name  
**WORLD CITRUS, INC.**

Principal Place of Business <b>OFFICES OF CITRUS WORLD, INC.                  P. O. BOX 1111                  LAKE WALES FLORIDA 33859-8111</b>	Mailing Address <b>OFFICES OF CITRUS WORLD, INC.                  P. O. BOX 1111                  LAKE WALES FLORIDA 33859-8111</b>
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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	29	Country
25		30	

3. Date Incorporated or Qualified <b>12/30/1974</b>
4. FEI Number <b>56-1086454</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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

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 607.0502 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>	<input type="checkbox"/> DELETE
NAME	<b>HUNT, FRANK M</b>	
STREET ADDRESS	<b>1015 SUNSET DRIVE</b>	
CITY-ST-ZIP	<b>LAKE WALES, FL 00000</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>WILLIARD, ROBERT P.</b>	
STREET ADDRESS	<b>121 WOODEN WAY</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>STEPHEN M. CARUSO</b>	
STREET ADDRESS	<b>1355 SO SUMMERLIN AVE</b>	
CITY-ST-ZIP	<b>ORLANDO, FL 32806</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>WILLIAM L. RALEY</b>	
STREET ADDRESS	<b>LAKE ELOISE DRIVE</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>WILLIAM J. HENDRY</b>	
STREET ADDRESS	<b>4223 CONWAY PLACE CIRCLE</b>	
CITY-ST-ZIP	<b>ORLANDO, FL 32812</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input 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 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: *X William J. Hendry* **4/13/98 (941) 676-1411**

CR2E034 (10/97)