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Jun 08, 1999 8:00 am
Secretary of State

06-08-1999 90005 026 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 467218

1. Corporation Name
WORLD CITRUS, INC.

Principal Place of Business OFFICES OF CITRUS WORLD, INC. P. O. BOX 1111 LAKE WALES FLORIDA 33859-8111	Mailing Address OFFICES OF CITRUS WORLD, INC. P. O. BOX 1111 LAKE WALES FLORIDA 33859-8111
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 30

3. Date Incorporated or Qualified 12/30/1974	
4. FEI Number 56-1086454	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <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	P	<input type="checkbox"/> DELETE
NAME	HUNT, FRANK M	
STREET ADDRESS	1015 SUNSET DRIVE	
CITY-ST-ZIP	LAKE WALES, FL 00000	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	WILLIARD, ROBERT P.	
STREET ADDRESS	121 WOODEN WAY	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	STEPHEN M. CARUSO	
STREET ADDRESS	1355 SO SUMMERLIN AVE	
CITY-ST-ZIP	ORLANDO, FL 32806	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WILLIAM L. RALEY	
STREET ADDRESS	LAKE ELOISE DRIVE	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	WILLIAM J. HENDRY	
STREET ADDRESS	4223 CONWAY PLACE CIRCLE	
CITY-ST-ZIP	ORLANDO, FL 32812	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Hunt, Frank M.	
1.3 STREET ADDRESS	952 Lakeshore Blvd.	
1.4 CITY-ST-ZIP	Lake Wales, Florida 33853	
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	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	William J. Hendry	
5.3 STREET ADDRESS	4717 LakeGrove Lane	
5.4 CITY-ST-ZIP	Orlando, Florida 32806	
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, with all other like empowered.

SIGNATURE: William J. Hendry 5-19-99 941.676.1411
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)