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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G35891**

1. Corporation Name
RIVER COUNTRY CITRUS, INC.

Principal Place of Business	Mailing Address
3565 SW CORPORATE PARKWAY PALM CITY FL 34990 US	3565 SW CORPORATE PARKWAY PALM CITY FL 34990 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 04/26/1983

2. Principal Place of Business	2a. Mailing Address
21 1313 W. Midway Road	26 1313 W. Midway Road
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Ft. Pierce, FL	City & State 28 Ft. Pierce, FL
Zip 24 34982 Country 25 USA	Zip 29 34982 Country 30 USA

4. FEI Number: 59-2286385 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

HAGEROTT, GAIL
3565 SW CORPORATE PARKWAY
PALM CITY FL 34990

10. Name and Address of New Registered Agent

81 Name: Hagerott, Gail
82 Street Address (P.O. Box Number is Not Acceptable): 1313 W. Midway Road
83
84 City: Ft. Pierce **FL** 85 Zip Code: 34982

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DV	☐ DELETE	1.1 TITLE	DV	☒ Change ☐ Addition
NAME	MURPHY, SHARON Y.		1.2 NAME	Murphy, Sharon Y.	
STREET ADDRESS	3565 SW CORPORATE PARKWAY		1.3 STREET ADDRESS	1313 W. Midway Road	
CITY-ST-ZIP	PALM CITY FL		1.4 CITY-ST-ZIP	Ft. Pierce, FL 34982	
TITLE	PD	☐ DELETE	2.1 TITLE	PD	☒ Change ☐ Addition
NAME	MURPHY, TRAVIS E JR		2.2 NAME	Murphy, Travis E., Jr.	
STREET ADDRESS	3565 SW CORPORATE PARKWAY		2.3 STREET ADDRESS	1313 W. Midway Road	
CITY-ST-ZIP	PALM CITY FL		2.4 CITY-ST-ZIP	Ft. Pierce, FL 34982	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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: Travis E. Murphy, Jr. Travis E. Murphy, Jr. 02/04/99 (561) 467-8677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #