FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

G48005

DOCUMENT #
1. Corporation Name ARCADIA CITRUS ENTERPRISES, INC.

Principal Place of Business Mailing Address



P. O. BOX 1 Ft. Myers			P. O. BOX 1289 Ft. Myers Fl 33902						
						3. Date Incorporated or Qualified 07/08/1983	3a. Date	of Last F 14/25/ 1	Report 1 995
2. Principal Plac	ce of Business	2a. Maiing Ac	2a. Maing Address			4. FEI Number			Applied For
n		26	[26]						Not Applicable
Suite, Apl. #, etc		Suite, Apt	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		L' L L 1	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Z _I p	Country 25	Zip	Zip Coun'r)			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. Yes XI No.			
4	9. Name and Address of Curre					10. Name and Address of New I		Agent	
	8. Hanne and Address of Carre			81	Name				
BARTH	OLOMEW, BRIAN			8.3	Street A	ddress (P.O. Box Number is Not Acceptal	ble)		
1560 MATTHEW DRIVE, SUITE H					Street Address (1.0. Dox Northern S. 1991 1992)				
FT.MYE	RS FL 33919			83	3				
				84	City		FL	85 2	Zip Code
					<u></u>	poration submits this statement for the pu			33907
SIGNATURE .	Signature, 15000 or protect some of especial earliege.	na o transassa. ND DIRECTORS	312/1E	Raj 5001£,	etsglähners	paretivian mediang ADDITIONS/CHANGES TO OF	DATE FICERS AND	DIRECT	ORS IN 12
TITLE	PDST		DELETE	1 1 bl ,i	· · · · · · · · · · · · · · · · · · ·	V		Change	Addition
NAME	Bartholomew, Brian			1.2 NAMI	:				_
STREET ADDRESS	1736 COLONIAL BLVD.			1.3 SF#3	ET ADORESS .	1560 Matthew Dri	ve, Si	u, t	: 14
CITY - ST - ZIP	FT MYERS FL			1.4 01[1	ST-21F	Ft. Myers, FC		339	07
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NAME				2.2 NAM					
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CITY - S1 - ZIP				24 CH+					e 🗍 Addition
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NAME		L		6.2 NAV			•	_	
					ET ADDRESS				
STREET ADORESS				6400	. ST. 7.P				
CITY - ST - ZIP	1	d with the files is us	Juntaria forniel	had and e	not ous	lify for the exemption stated in Section 11	9.07 <i>(</i> 3)(k). Ele	orida Sta	tutes I further

Signifiar annual report is true and accurate and that my signature shall have the same legal effect as if made under or or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name with an address certify that the information in graded on this armual report or symple oath, that I am an officer or director of the consortion or the consortion or the consortion or the consortion or the consortion attack next with the consortion at the consortion attack next with the consortion at t

SIGNATURE

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brian Bartholomew 4-33-96 94/-278-0050

District Name of Signing Officer OR DIRECTOR