

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

**FILED**

**Feb 10 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # L64307 (6)**  
1. Corporation Name  
**ORANGEFIELD CITRUS, INC.**



Principal Place of Business  
**7755 STARR LAKE RD  
BARTOW FL 33830  
US**

Mailing Address  
**P.O. BOX 362  
ALTURAS FL 33820-0362**

3. Date Incorporated or Qualified: **04/06/1990**  
3a. Date of Last Report: **02/28/1996**

4. FEI Number: **59-3012630**  
Applied For:  Not Applicable

5. Certificate 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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business  
21 Suite, Apt #, etc.  
22 City & State  
23 Zip Country  
24 Zip Country

2a. Mailing Address  
26 Suite, Apt #, etc.  
27 City & State  
28 Zip Country  
29 Zip Country  
30

**9. Name and Address of Current Registered Agent**  
**MITCHELL, ROY D  
7755 STARR LAKE ROAD  
BARTOW FL 33830**

**10. Name and Address of New Registered Agent**  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 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 607.0508, Florida Statutes.

SIGNATURE: *Roy D. Mitchell* *Roy D. Mitchell* DATE: **2/3/97**

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PST</b>	<input type="checkbox"/> DELETE
NAME	<b>MITCHELL, ROY D</b>	
STREET ADDRESS	<b>2185 OAK DRIVE</b>	
CITY-ST-ZIP	<b>BARTOW FL 33830</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>OAKLEY, MILES L</b>	
STREET ADDRESS	<b>52042 HOBART AVE. N.</b>	
CITY-ST-ZIP	<b>BARTOW FL 33830</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MITCHELL, KRISTINE L.</b>	
STREET ADDRESS	<b>P.O. BOX 362 N/A</b>	
CITY-ST-ZIP	<b>ALTURAS FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>PST</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Mitchell, Roy D</b>	
1.3 STREET ADDRESS	<b>P.O. BOX 362 N/A</b>	
1.4 CITY-ST-ZIP	<b>ALTURAS, FL 33820</b>	
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 do 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: *Roy D. Mitchell* *Roy D. Mitchell* DATE: **2/3/97** Daytime Phone #: **941-537-2571**

CR2E034 (9/96)