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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 11, 1999 8:00 am Secretary of State 03-11-1999 90149 015 ***150.00

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DOCUMENT # L64307 1. Corporation Name		
ORANGEFIELD CITRUS, INC.		
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	EFIELD CITRUS, INC.							
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Principal Place	e of Business	Mailing Address				i sauttasi ain atiti tidan ititi aniti inai ett	811 AIA11 AIB14 BIB11 A	
7755 STARR LA	AKE RD	P.O. BOX 362	` .					
BARTOW FL 33	3630	ALTURAS FL 33820				DO NOT WEST IN T	110 CDACE	
US					<u> </u>	DO NOT WRITE IN TI	HIS SPACE	
					3.	Date Incorporated or Qualifed		
						04/06/1990		
	lace of Business	2a. Mailing Address			4.	FEI Number	- 	plied For
21		26			 -	59-3012630		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5.	Certificate of Status Desired	\$8.75 / Fee Re	
22		City & State				The same of the sa		
City & Stat	e	⊢ -			6.	Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	
Zip	Country	Zip	Cou	ntry.				10 1 603
	25	29	30	iii y	•	 This corporation owes the current year Personal Property Tax. 	☐ Yes	No I
24	9. Name and Address of Curre		[30]		10.	Name and Address of New Register		~ `
	2. Hallo alla Maayaas of Oalfa	int registered rigorit		81 Name				
MITC	CHELL, ROY D		:			,		
7755	S STARR LAKE ROAD			82 Street	Address (F	O. Box Number is Not Acceptable)		ļ
BAR	TOW FL 33830			83			`	
				84 City			85 Zip (Code
11 Burniant	to the provisions of Sections 607.05	02 and 607 1508 Florida Str	tutes the a	nove-named	corporatio	n submits this statement for the purpose		registered
office or r	egistered agent, or both, in the State	e of Florida. Such change wa	s authorized	by the corpo	oration's b	oard of directors. I hereby accept the ap	pointment as re	gistered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505,	Florida Statu	ites.		•		
SIGNATURE								
	Slangburg throad or printed pages of positioned page	ont and title if applicable (N	OTE: Perietered	Acent signature (required when	reinstating) DATE		
12.	Signature, typed or printed name of registered age		OTE: Registered	Agent signature r				RŞ IN 12
12.		ent and title if applicable. (N ND DIRECTORS DELETE				ADDITIONS/CHANGES TO OFFICERS		DRS IN 12
TITLE	OFFICERS A	ND DIRECTORS	13.	LE		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	
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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 of 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 chapter or a statechment with an address, with all other like empowered.

SIGNATURE: