2000 UNIFORM BUSINESS REPORT (UBR)

Apr 06, 2000 8:00 am Secretary of State DOCUMENT # **L64307** ORANGEFIELD CITRUS, INC. 04-06-2000 90056 028 ***150.00 Principal Place of Business Mailing Address P.O. BOX 362 7755 STARR LAKE RD BARTOW FL 33830 ALTURAS FL 33820-0362 じいひょうひんる 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3012630 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MITCHELL, ROY D Street Address (P.O. Box Number is Not Acceptable) 7755 STARR LAKE ROAD BARTOW FL 33830 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 11. ☐ Addition **PST** Change ☐ Delete TITLE MITCHELL, ROY D NAME NAME STREET ADDRESS STREET ADDRESS PO BOX 362 N/A CITY-ST-ZIP CITY-ST-ZIP ALTURAS FL Change ☐ Addition ☐ Delete TITLE TITLE NAME OAKLEY, MILES L NAME STREET ADDRESS 52042 HOBART AVE. N. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BARTOW FL 33830 ☐ Change ☐ Addition TITLE ☐ Delete TITLE MITHCELL, KRISTINE L. NAME NAME STREET ADDRESS STREET ADDRESS P.O. BOX 362 N/A CITY-ST-ZIP CITY-ST-ZIP ALTURAS FL Change ☐ Addition ☐ Delete TITLE Mitchell II, Roy D P.O.Box 362 MITCHELL III, ROY D NAME NAME STREET ADDRESS STREET ADDRESS PO BOX 362 N/A CITY-ST-ZIP CITY-ST-ZIP ALTURAS FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Сhange ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment and address, with all pthy like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OFFICEROR

4-3-00 863-537-257

Daytime Phone #