

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, REMAINING AMOUNT DUE TO RESTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
 95 JUL 14 AM 11:29
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # P94000076121 (0)

1. Corporation Name
SUNSET CITRUS, INC.

Principal Place of Business Mailing Address
951 NORTH ARCADIA AVE. **951 NORTH ARCADIA AVE.**
ARCADIA FL 33821 **ARCADIA FL 33821**

DO NOT WRITE IN THIS SPACE.

| | | | |
|--|--|---------------------------------------|--|
| 3. Date Incorporated or Qualified 10/17/1994 | | 3a. Date of Last Report | |
| 4. FEI Number 65-0526427 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 8. This corporation has liability for intangible tax under s. 189.052, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

| | | | |
|--------------------------------|-------------------------|--|--|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number | Applied For |
| 21 4775 SE. BROWN RD | 26 P.O. Box 1920 | 65-0526427 | Not Applicable |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. | 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
| 23 ARCADIA FLA | 28 ARCADIA FLA | 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 24 33821 | 25 DeSoto | 29 33821 | 30 DeSoto |

9. Name and Address of Current Registered Agent
RITCH, JESSE
951 NORTH ARCADIA AVE.
ARCADIA FL 33821

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | FL |
| 83 | |
| 84 City | |

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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------------|---|--|
| TITLE | D | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RITCH, JESSE | 1.2 NAME | |
| STREET ADDRESS | 951 NORTH ARCADIA AVE. | 1.3 STREET ADDRESS | 4775 S.E. BROWN RD |
| CITY - ST - ZIP | ARCADIA FL 33821 | 1.4 CITY - ST - ZIP | ARCADIA FLA 33821 |
| TITLE | | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 2.4 CITY - ST - ZIP | |
| TITLE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 3.4 CITY - ST - ZIP | |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 6.4 CITY - ST - ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 amendment with an address.

SIGNATURE: _____ **6-7-95 815-993-1118**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Required) Telephone Number

CR2E034 (3/95)