

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

**FILED**  
**Apr 03 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000011988 (7)**  
 1. Corporation Name  
**BUCKHILL CITRUS NURSERY, INC.**

Principal Place of Business <b>22730 N BUCKHILL RD HOWEY IN THE HILLS FL 32737</b>	Mailing Address <b>22730 N BUCKHILL RD HOWEY IN THE HILLS FL 32737</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>22730 N. Buckhill rd.</b> Suite, Apt. #, etc. 22	2a. Mailing Address 26 <b>P.O. Box 333</b> Suite, Apt. #, etc. 27	City & State 23 <b>Howey in the Hills Fla.</b> Zip Country 24 <b>32737</b> 25 <b>USA</b>	City & State 28 <b>Astatula Fla. 34705</b> Zip Country 29 <b>34705</b> 30 <b>USA</b>
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3. Date Incorporated or Qualified <b>02/03/1997</b>	4. FEI Number <b>59-3428667</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent  
**TREJO, JOEL**  
**22730 N BUCKHILL RD**  
**HOWEY IN THE HILLS FL 32737**

10. Name and Address of New Registered Agent

81 Name <b>Joel Trejo</b>
82 Street Address (P.O. Box Number Not Acceptable) <b>22730 N. Buckhill rd. Howey in the hills Fla.</b>
83
84 City <b>Howey in the hills Fla.</b>
85 Zip Code <b>FL 32737</b>

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: *Joel Trejo* (NOTE: Registered Agent signature required when reinstating) DATE: **MARCH 30-1998**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TREJO, JOEL</b>	1.2 NAME	
STREET ADDRESS	<b>22730 N BUCKHILL RD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOWEY IN THE HILLS FL 32737</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TREJO, ORALIA</b>	2.2 NAME	
STREET ADDRESS	<b>22730 N BUCKHILL RD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOWEY IN THE HILLS FL 32737</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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: *Joel Trejo* DATE: **MARCH 30 1998**

CR2E034 (10/97)