


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

**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90069 026 \*\*\*150.00

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<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000037282**

1. Corporation Name  
**J J & D CITRUS COUNTY, INC.**



Principal Place of Business 6027 S. SUNCOAST BLVD. HOMOSASSA FL 34446	Mailing Address 6027 S. SUNCOAST BLVD. HOMOSASSA FL 34446
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>1 Cypress Run</b>	2a. Mailing Address 26 <b>1 Cypress Run</b>
Suite, Apt. #, etc. 22 <b>#15C</b>	Suite, Apt. #, etc. 27 <b>#15C</b>
City & State 23 <b>Homosassa FL</b>	City & State 28 <b>Homosassa FL</b>
Zip 24 <b>34446</b> Country 25 <b>USA</b>	Zip 29 <b>34446</b> Country 30 <b>USA</b>

3. Date Incorporated or Qualified <b>04/20/1998</b>	
4. FEI Number <b>59-3569041</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**NELSON, JOHN A ESQ.**  
**6027 S. SUNCOAST BLVD.**  
**HOMOSASSA FL 34446**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>DICKERSON, JACK</b>
STREET ADDRESS	<b>1 CYPRESS RUN #15C</b>
CITY-ST-ZIP	<b>HOMOSASSA FL 34446</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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>President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Jack Dickerson</b>
1.3 STREET ADDRESS	<b>1 Cypress Run #15C</b>
1.4 CITY-ST-ZIP	<b>Homosassa FL 34446</b>
2.1 TITLE	<b>Vice President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Charlotte Irene Ramsay</b>
2.3 STREET ADDRESS	<b>12 Decker Way</b>
2.4 CITY-ST-ZIP	<b>Sun Jose CA 95127</b>
3.1 TITLE	<b>Treasurer</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Harry Gracie</b>
3.3 STREET ADDRESS	<b>3140 Westhill Dr</b>
3.4 CITY-ST-ZIP	<b>Wausau WI 54401</b>
4.1 TITLE	<b>Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Marjorie Gracie</b>
4.3 STREET ADDRESS	<b>3140 Westhill Dr</b>
4.4 CITY-ST-ZIP	<b>Wausau WI 54401</b>
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 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, with all other like empowered.

SIGNATURE: Jack Dickerson **RECORDED** 4-14-99 352-392-2518  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 715-842-2468

CR2E034 (1/1/98)