

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

• PROFIT CORPORATION ANNUAL REPORT **1996**



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

FILED
Apr 30 1996 8:00 am
Secretary of State

DOCUMENT # S50312 (5)

1. Corporation Name
PEACE RIVER CITRUS PRODUCTS, INC.



Principal Place of Business Mailing Address
P.O. BOX 12190 FT. PIERCE FL 34979 **P.O. BOX 12190 FT. PIERCE FL 34979**

3. Date Incorporated or Qualified **05/02/1991** 3a. Date of Last Report **03/08/1995**

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	Applied For
22	Suite, Apt. #, etc. 4104 N.W. Hwy. 72	Suite, Apt. #, etc. P. O. Box 730	27	65-0262599	Not Applicable
23	City & State Arcadia, FL	City & State Arcadia, FL	28	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24	Zip 33821	Country U.S.A.	29	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
30		Country U.S.A.	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent **10. Name and Address of New Registered Agent**

**NEILL, RICHARD V.
NEILL GRIFFIN JEFFRIES & LLOYD
311 SOUTH 2ND ST.
FT. PIERCE FL 34950**

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

FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECKER, R. WILLIAM	1.2 NAME	
STREET ADDRESS	144 ANCHOR DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	VP
STREET ADDRESS		2.3 STREET ADDRESS	Plymale, Barton M.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	1503 North Arcadia Avenue Arcadia, FL 33821
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	T
STREET ADDRESS		3.3 STREET ADDRESS	Vitale, Gregg V.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	25206 Rosamond Court Punta Gorda, FL 33983
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	S
STREET ADDRESS		4.3 STREET ADDRESS	McGuire, Susan
CITY-ST-ZIP		4.4 CITY-ST-ZIP	1107 North Arcadia Avenue Arcadia, FL 33821
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	100001802601
STREET ADDRESS		6.3 STREET ADDRESS	-05/01/96--01018--091
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***200.00

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)(k), 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: _____ **Gregg V. Vitale, Treasurer 4/24/96 (941)494-0440**
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)

4-30-96