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**Jan 16 1997 8:00am
Secretary of State**

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # S50312 (5)
1. Corporation Name
PEACE RIVER CITRUS PRODUCTS, INC.



Principal Place of Business Mailing Address
**4104 NW HIGHWAY 72
ARCADIA FL 33821** **P.O. BOX 730
ARCADIA FL 34265-0730**

3. Date Incorporated or Qualified: **05/02/1991** 3a. Date of Last Report: **04/30/1996**
4. FEI Number: **65-0262599** Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country
24 25 29 30

9. Name and Address of Current Registered Agent
**NEILL, RICHARD V.
NEILL GRIFFIN JEFFRIES & LLOYD
311 SOUTH 2ND ST.
FT. PIERCE FL 34950**

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: **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	
TITLE: D	<input type="checkbox"/> DELETE
NAME: BECKER, R. WILLIAM	
STREET ADDRESS: 144 ANCHOR DRIVE	
CITY - ST - ZIP: VERO BEACH FL	
TITLE: VP	<input type="checkbox"/> DELETE
NAME: PLYMALE, BARTON M.	
STREET ADDRESS: 1503 NORTH ARCADIA AVENUE	
CITY - ST - ZIP: ARCADIA FL 33821	
TITLE: T	<input type="checkbox"/> DELETE
NAME: VITALE, GREGG V	
STREET ADDRESS: 25206 ROSAMOND COURT	
CITY - ST - ZIP: PUNTA GORDA FL 33983	
TITLE: S	<input type="checkbox"/> DELETE
NAME: MCGUIRE, SUSAN	
STREET ADDRESS: 1107 NORTH ARCADIA AVENUE	
CITY - ST - ZIP: ARCADIA FL 33821	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	VICE PRESIDENT
5.3 STREET ADDRESS	MARY ANN BECKER
5.4 CITY - ST - ZIP	144 ANCHOR DRIVE
5.4 CITY - ST - ZIP	VERO BEACH, FL 32960
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 do 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: *Gregg V. Vitale* **GREGG V. VITALE** 1/10/97 941-494-0440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)