

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

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S50312 (5)
 1. Corporation Name
PEACE RIVER CITRUS PRODUCTS, INC.



Principal Place of Business 4104 NW HIGHWAY 72 ARCADIA FL 33821	Mailing Address P.O. BOX 730 ARCADIA FL 33821
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DO NOT WRITE IN THIS SPACE

21 2. Principal Place of Business Suite, Apt. #, etc.	26 2a. Mailing Address Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip 34266	28 Country
24 Zip 34266	25 Country
29 Zip 34265	30 Country

3. Date Incorporated or Qualified 05/02/1991	
4. FEI Number 65-0262599	Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BECKER, R. WILLIAM	1.2 NAME	LARRY MURRAY
STREET ADDRESS	144 ANCHOR DRIVE	1.3 STREET ADDRESS	5505 FT. PIERCE BLVD
CITY-ST-ZIP	VERO BEACH FL	1.4 CITY-ST-ZIP	FT. PIERCE, FL 34951
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PLYMALE, BARTON M.	2.2 NAME	DAVID JOHNSON
STREET ADDRESS	1503 NORTH ARCADIA AVENUE	2.3 STREET ADDRESS	1048 HARBOUR CAFE BLAZA
CITY-ST-ZIP	ARCADIA FL 33821	2.4 CITY-ST-ZIP	PUNTA GORDA, FL 33983
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VITALE, GREGG V	3.2 NAME	TOMMY EDENFIELD
STREET ADDRESS	25208 ROSAMOND COURT	3.3 STREET ADDRESS	7413 S.E. COUNTY ROAD 763
CITY-ST-ZIP	PUNTA GORDA FL 33983	3.4 CITY-ST-ZIP	ARCADIA, FL 34266
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCGUIRE, SUSAN	4.2 NAME	GARY SCRIBNER
STREET ADDRESS	1107 NORTH ARCADIA AVENUE	4.3 STREET ADDRESS	N/A
CITY-ST-ZIP	ARCADIA FL 33821	4.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECKER, MARY ANN	5.2 NAME	
STREET ADDRESS	144 ANCHOR DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	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:  **GREGG V. VITALE** 4/13/98 941-494-0440
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone: # **0462674**

CR2E034 (10/97)