

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

**FILED**  
**Apr 25, 1999 8:00 am**  
**Secretary of State**

04-25-1999 90004 050 \*\*\*300.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # S50312**

1. Corporation Name  
**PEACE RIVER CITRUS PRODUCTS, INC.**



Principal Place of Business 4104 NW HIGHWAY 72 ARCADIA FL 34266 US	Mailing Address P.O. BOX 730 ARCADIA FL 34265 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	30
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3. Date Incorporated or Qualified <b>05/02/1991</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>65-0262599</b>	
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 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	<b>FL</b> 85 Zip Code

11. Pursuant to the provisions of Sections 607.0501 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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>BECKER, R. WILLIAM</b>	1.2 NAME	
STREET ADDRESS	<b>144 ANCHOR DRIVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>VERO BEACH FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PLYMALE, BARTON M.</b>	2.2 NAME	
STREET ADDRESS	<b>1503 NORTH ARCADIA AVENUE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ARCADIA FL 33821</b>	2.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VITALE, GREGG V</b>	3.2 NAME	
STREET ADDRESS	<b>25206 ROSAMOND COURT</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PUNTA GORDA FL 33983</b>	3.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCGUIRE, SUSAN</b>	4.2 NAME	
STREET ADDRESS	<b>1107 NORTH ARCADIA AVENUE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ARCADIA FL 33821</b>	4.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BECKER, MARY ANN</b>	5.2 NAME	
STREET ADDRESS	<b>144 ANCHOR DRIVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>VERO BEACH FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MURRAY, L</b>	6.2 NAME	
STREET ADDRESS	<b>5505 FT PIERCE BLVD</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT PIERCE FL 34951</b>	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 119.01(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:  **GREGG V. VITALE** 4/15/99 941-494-0440  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)