

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

**FILED**

**Apr 28 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 # S65175 (9)**  
1. Corporation Name  
**CLASSIC CITRUS, INC.**



Principal Place of Business  
**15038 BALM RD  
BALM FL 33503  
US**

Mailing Address  
**P O BOX 416  
BALM FL 33503-0416  
US**

3. Date Incorporated or Qualified  
**07/10/1991**

3a. Date of Last Report  
**04/23/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		<b>59-3080557</b>		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		24		30	
Zip	Country	Zip	Country				
25		29					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>TRINKLE, ROBERT S. 121 NORTH COLLINS STREET PLANT CITY FL 33566</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				<b>FL</b>			

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	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>YEILDING, JOAN S</b>	1.2 NAME	
STREET ADDRESS	<b>699 DUNBLANE DR</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>WINTER PARK FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>YEILDING, O B</b>	2.2 NAME	<b>Yeilding, Ormend G.</b>
STREET ADDRESS	<b>699 DUNBLANE DR</b>	2.3 STREET ADDRESS	<b>609 Dunblane Drive</b>
CITY - ST - ZIP	<b>WINTER PARK FL</b>	2.4 CITY - ST - ZIP	<b>Winter Park, FL</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JONES, D.L. JR</b>	3.2 NAME	
STREET ADDRESS	<b>15038 BALM RD</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>BALM FL</b>	3.4 CITY - ST - ZIP	
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HUTCHESON, BARBARA</b>	4.2 NAME	
STREET ADDRESS	<b>15038 BALM RD</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>BALM FL</b>	4.4 CITY - ST - ZIP	
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	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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:** *D.L. Jones, Jr.* **President** **4/21/97** **(813)634-3778**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)