

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000006079

**Entity Name:** NAPLES CITRUS, INC.**Current Principal Place of Business:**7600 ALICO ROAD  
BOX 12-32  
FORT MYERS, FL 33912**Current Mailing Address:**3245 PEACHTREE PKWY., SUITE D-160  
SUWANEE, GA 30024 US**FEI Number:** 26-1798111**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BUSINESS FILINGS INCORPORATED  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

|                 |                                  |                 |                                   |
|-----------------|----------------------------------|-----------------|-----------------------------------|
| Title           | D                                | Title           | VP                                |
| Name            | FLOOD, THOMAS J                  | Name            | OCONNOR, JOHN D                   |
| Address         | 3245 PEACHTREE PKWY., STE. D-160 | Address         | 3245 PEACHTREE PKWY., SUITE D-160 |
| City-State-Zip: | SUWANEE GA 30024                 | City-State-Zip: | SUWANEE GA 30024                  |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** OCONNOR, JOHN D

VP

03/21/2022

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date