FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
95 JAN 23 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 141631 (2)

1. Corporation Name
ELMIRA CITRUS COPRORATION OF FLORIDA

Principal Place of Business
BUNTING TRIPP & INGLEY
230 TILLMAN AVE
LAKE WALES FL 33853

Mailing Address
BUNTING TRIPP & INGLEY
230 TILLMAN AVE
LAKE WALES FL 33853

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/09/1942
3a. Date of Last Report: 03/15/1994

2. Principal Place of Business
21 526 Park Street
22 Suite, Apt. #, etc.
23 City & State: Sebring, Fl
24 Zip: 33870 25 Country

2a. Mailing Address
26 P. O. Box 1299
27 Suite, Apt. #, etc.
28 City & State: Sebring, Fl
29 Zip: 33871-1299 30 Country

4. FEI Number: 59-0233545 ☐ 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

9. Name and Address of Current Registered Agent

BUNTING TRIPP & INGLEY
230 TILLMAN AVE
LAKE WALES FL 33853

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mailed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	11 TITLE	☐ Change ☐ Addition
NAME	SCHUMACHER, CHARLES R	12 NAME	
STREET ADDRESS	1901 DESOTO PLACE	13 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	KOCH, LOUISE	22 NAME	
STREET ADDRESS	1908 DELEON PLACE	23 STREET ADDRESS	
CITY-ST-ZIP	SEBRING, FL 00000	24 CITY-ST-ZIP	
TITLE	PD	31 TITLE	☐ Change ☐ Addition
NAME	HARSHMAN, WALTER E	32 NAME	
STREET ADDRESS	1416 NW LAKEVIEW DR	33 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL	34 CITY-ST-ZIP	
TITLE	AS	41 TITLE	☐ Change ☐ Addition
NAME	LEHMAN, PATRICIA A	42 NAME	
STREET ADDRESS	2729 QUEESWOOD DR	43 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL	44 CITY-ST-ZIP	
TITLE	ATD	51 TITLE	☐ Change ☐ Addition
NAME	ANDREWS, EMMETT	52 NAME	
STREET ADDRESS	2237 NE LAKEVIEW DR	53 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ Walter E. Harshman _____ 813-385-5149
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0317201 CP