

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

FILED

Feb 03 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 # 141631 (2)

1. Corporation Name  
ELMIRA CITRUS COPORATION OF FLORIDA

Principal Place of Business

526 PARK STREET  
SEBRING FL 33870  
US

Mailing Address

P.O. BOX 1299  
SEBRING FL 33871-1299  
US



3. Date Incorporated or Qualified  
07/09/1942

3a. Date of Last Report  
02/08/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE	STO	<input type="checkbox"/> DELETE
NAME	SCHUMACHER, CHARLES R	
STREET ADDRESS	1901 DESOTO PLACE	
CITY-ST-ZIP	SEBRING FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KOCH, LOUISE	
STREET ADDRESS	1908 DELEON PLACE	
CITY-ST-ZIP	SEBRING, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HARSHMAN, WALTER E	
STREET ADDRESS	1416 NW LAKEVIEW DR	
CITY-ST-ZIP	SEBRING FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	LEHMAN, PATRICIA A	
STREET ADDRESS	2729 QUEESWOOD DR	
CITY-ST-ZIP	SEBRING FL	
TITLE	ATD	<input type="checkbox"/> DELETE
NAME	ANDREWS, EMMETT	
STREET ADDRESS	2237 NE LAKEVIEW DR	
CITY-ST-ZIP	SEBRING FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHUMACHER, WILLIAM	
STREET ADDRESS	5819 JOHN ANDERSON HWY	
CITY-ST-ZIP	FLGLER BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C. R. Schumacher 1/28/97 941-385-5149

Date

Daytime Phone #

CR2E034 (9/96)