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Jan 23, 1999 8:00am
Secretary of State

01-23-1999 90009 033 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 141631

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/09/1942

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARSHMAN, W.E
526 PARK AVE
SEBRING FL 33870

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE STD
NAME SCHUMACHER, CHARLES R
STREET ADDRESS 1901 DESOTO PLACE
CITY-ST-ZIP SEBRING FL

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VD
NAME KOCH, LOUISE
STREET ADDRESS 1908 DELEON PLACE
CITY-ST-ZIP SEBRING, FL 00000

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE PD
NAME HARSHMAN, WALTER E
STREET ADDRESS 1416 NW LAKEVIEW DR
CITY-ST-ZIP SEBRING FL

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE AS
NAME LEHMAN, PATRICIA A
STREET ADDRESS 2729 QUEESWOOD DR
CITY-ST-ZIP SEBRING FL

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ATD
NAME ANDREWS, EMMETT
STREET ADDRESS 2237 NE LAKEVIEW DR
CITY-ST-ZIP SEBRING FL

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME SCHUMACHER, WILLIAM
STREET ADDRESS 5819 JOHN ANDERSON HWY
CITY-ST-ZIP FLGLER BEACH FL

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C.R. Schumacher

Jan. 7, 1999

941-385-5149

Date

Daytime Phone #

CR2E034 (11/98)