

DOCUMENT # 141631

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

6. Name and Address of Current Registered Agent

HARSHMAN, W.E
526 PARK AVE
SEBRING FL 33870

4. FEI Number 59-0233545

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	STD	<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	FLAGLER BEACH FL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *[Signature]* 1/5/01 863-385-5149
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90136 005 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)