FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORPORATIONS 機管は、受害の治療機構の経験が対象が対象が対象が重要を含まった。1988年の表示を含まるできません。 1987年のでは、東京などのは、東京などの対象を含まった。 DOCUMENT # 1. Corporation Name 144781 (2)U & H CITRUS PROPERTIES, INC. Principal Place of Business Mailing Address **4007-4**11**010**MAY-**40**-6A6<del>T</del> P.O.BOX 231 5007-HOHWAY-00-EAST P.O.BOX 231 LAKE WALES FL 33859-231 LAKE WALES FL 33859-231

## FILED Apr 20 1998 8:00am Secretary of State

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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

							10/13/1945				_ [	
2. Principal I			2a. Mailing Addre	· ·			4. FEI Number		Applied For			
<del></del>		Grove Road	26 P. O. Box 231				<b>59-0538924</b> Not Applie					
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired	•	\$8.75 Additional Fee Required			
City & Sta			City & State				6. Election Campaign Financing		\$5.00	May Be	٦	
23 Lake	Wales,	Florida	28 Lake Wa	les, Flo		a	Trust Fund Contribution			to Fees		
Zip		Country	Zip		untry		8. This corporation owes or has paid th			ntangible		
<b>24 338</b> 53		25	29 33859-02	231 30	<del></del>	- ·	Personal Property Tax due June 30.	<b>K</b> Y		No	_	
	g, Name	and Address of Current	Registered Agent		81 1		10. Name and Address of New Registe	red Age	<u>nt</u>		_	
UPDIKE, LAWRENCE C						Name					1	
HWY- <del>40 EAST-</del>						Street Address (P.O. Box Number is Not Acceptable)						
<del>aloona paoking go plan</del> t						68 Mammoth Grove Road						
LAKE WALES FL 33853												
					84 (	Dity			E Zin	Code	-	
					"	Dity		FL ¦°	5 Zip	Code	1	
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	for printed name of tegistered agent		(NOTE Registers	d Agent s	s gnature required	o when reinstaling) D	ATE			_  _ 6	
12.	<del></del>	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS					
TITLE	VD		☐ DEL	ETE 1.17	ITLE	l		LJ	Change	Addition	١ (٤	
NAME	<b>UPDIKE</b>	, samuel d		1.2 N	AME						7	
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NAME	HERND(	on, Phillip L		32 N	AME							
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CITY-ST-ZIP	LAKE W	ALES, FL 00000		3.4. 0	ITY-ST-	ZIP (						
TITLE	PD		DEL	ETE 4.1 T	ITLE				Change	Addition	П	
NAME	UPDIKE,	JOHN C		4.21	IAME							
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NAME		•	<del>_</del>	6.2 N			-04/21/9801003-	-035				
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						1	******* <u>ಹಿ</u> ಫ್ರಾಪ್ಟ್ ಕ್ಷ್ಯ ಸ್ಟ್ರಿಟ್ಟ್					
CITY-ST-ZIP	certify that th	e information supplied with	this filing does not a		ITY-SI-Z		ection 119 07/3Vi) Florida Statutes I furth	er certify	that th	e information	4	

I nerepy certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statules. 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 of 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 chapter on an attachment with an address.

LAWRENCE C. UPDIKE, SECRETARY 4/09/98 696–1487