FILED Feb 24, 1999 8:00 am

Secretary of State

02-24-1999 90154 021 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 196265

1. Corporation Name

	TON CITRUS, INC.							
Principal Plac	e of Business	Mailing Address	•		T (BB(#)) (#)(# #)(# #)(#)	. Eller eint elem .	1911 WINI BIBIT W	ISII ANDRI ISSI
996 SEMINOLE	ROAD	996 SEMINOLE ROA	D					
P.O. BOX 95 P.O. BOX 95			****		DO NOT W	RITE IN THIS	SPACE	
BABSON PARK FL 33827 BABSON PARK FL 33827			3827		3. Date Incorporated or Qualifed			
					08/25/1956			
2. Principal F	Place of Business	2a. Mailing Address	<u> </u>		4. FEI Number		Ap	plied For
21		26			59-0810777		No	t Applicable
Suite, Apt.	.#, etc.	Suite, Apt. #, et	c.		5. Certifcate of Status Desired		\$8.75 A	Additional
22		27	_	-	5. Certificate of Status Desired	.	- Fee Re	quired
City & Stat	te	City & State			6. Election Campaign Financir	ng □	\$5.00	May Be
23		28			Trust Fund Contribution		Added t	o Fees
Zip	Country	Zip	(Country	8. This corporation owes the c	urrent year Int		53
24	25	29	30		Personal Property Tax.			₿\$No
	9. Name and Address of Curre	nt Registered Agent		81 Name	10. Name and Address of New	w Registered	Agent	
FUL	LERTON, RONALD B.				(D.O. D. M. handa Mat Acco	-t-blo)		
996	SEMINOLE DRD.			82 Street Add	ress (P.O. Box Number is Not Acce	ptable)		
BAB	SON PARK FL 33827			83				
				84 City	,		85 Zip C	Code
	to the provisions of Sections 607.05		5 		the statement for t	FL.	changing its	rogistered
office or r	to the provisions of Sections 607.05 registered agent, or both, in the State im familiar with, and accept the obligi	of Florida. Such change.	was author	ized by the corporati	on's board of directors. I hereby ac	cept the appoi	ntment as req	gistered
agent. i a	in tantillar with, and accept the obligi	ations of, Section 607.050	o, Fionda S	statutes.			•	
agent. i a SIGNATURE					<u> </u>	DATE		
SIGNATURE	Signature, typed or printed name of registered age	ent and trile if applicable.	(NOTE: Regist	tered Agent signature require	<u> </u>		ID DIRECTO	RS IN 12
SIGNATURE	Signature, typed or printed name of registered age OFFICERS A		(NOTE: Regist	tered Agent signature require	ad when reinstating)		ID DIRECTO	RS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agr OFFICERS AI	ent and trile if applicable. ND DIRECTORS	(NOTE: Regist	tered Agent signature require	ad when reinstating)			
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered age OFFICERS AI VD KINLOCH, MARY K.	ent and trile if applicable. ND DIRECTORS	(NOTE: Regist	tered Agent signature require 131 TITLE	ad when reinstating)			
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AI VD KINLOCH, MARY K. 405 RIDGE MANOR DRIVE	ent and trile if applicable. ND DIRECTORS	(NOTE: Regist	tored Agent signature require 13. 1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ad when reinstating)			
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AI VD KINLOCH, MARY K. 405 RIDGE MANOR DRIVE LAKE WALES FL	ent and trile if applicable. ND DIRECTORS	(NOTE: Regist	tered Agent signature require 131 TITLE .2 NAME	ad when reinstating)			
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE	Signature, typed or printed name of registered age OFFICERS AI VD KINLOCH, MARY K. 405 RIDGE MANOR DRIVE LAKE WALES FL STD	ent and trie if applicable. ND DIRECTORS DELE	(NOTE: Regist TETE 1 1 1 1 2 TETE 2	tored Agent signature require 13. 1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ad when reinstating)		☐ Change	☐ Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered age OFFICERS AI VD KINLOCH, MARY K. 405 RIDGE MANOR DRIVE LAKE WALES FL STD FULLERTON, IDA M.	ent and trie if applicable. ND DIRECTORS DELE	(NOTE: Regist	tored Agent signature require 131 TITLE .2 NAME .3 STREET ADDRESS .4 CITY-ST-ZIP	ad when reinstating)		☐ Change	☐ Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AI VD KINLOCH, MARY K. 405 RIDGE MANOR DRIVE LAKE WALES FL STD FULLERTON, IDA M. 996 SEMINOLE RD.	ent and trie if applicable. ND DIRECTORS DELE	(NOTE: Regist TE 1 1 1 1 1 2 2 2	tered Agent signature require 131 TITLE .2 NAME .3 STREET ADDRESS .4 CITY-ST-ZIP .1 TITLE .2 NAME	ad when reinstating)		☐ Change	☐ Addition
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AI VD KINLOCH, MARY K. 405 RIDGE MANOR DRIVE LAKE WALES FL STD FULLERTON, IDA M. 996 SEMINOLE RD. BABSON PARK FL	ent and trie if applicable. ND DIRECTORS DELE	(NOTE: Regist TE 1 1 1 1 1 1 2 2 2 2 2 2 TE 3	tered Agent signature require 131 TITLE .2 NAME .3 STREET ADDRESS .4 CITY-ST-ZIP .1 TITLE .2 NAME .3 STREET ADDRESS .4 CITY-ST-ZIP	ad when reinstating)		☐ Change	☐ Addition
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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.

6.4 CITY-ST-ZIP

CITY-ST-ZIP