

SECOND NOTICE: CORPORATION WILL BE INCORPORATED ON OR AFTER AUGUST 8, 1995. ANNUAL REPORT DUE ON OR BEFORE 6:00PM: 0225 (IF INCORPORATED, BUSINESS ANNUAL REPORT DUE TO REGISTERED AGENT)

PROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Brenda B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 230939 (1)
1. Corporation Name
MABRY CARLTON & SONS CITRUS GROVES, INC.

95 JUN 15 PM 12:01

Principal Place of Business Mailing Address
1304 W. MAIN ST WAUCHULA FL 33873 **1304 W. MAIN ST WAUCHULA FL 33873**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/09/1959	3a. Date of Last Report 02/25/1994
21	26		4. FEI Number 59-0889125		Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CARLTON WINSTON C 1304 W. MAIN STREET 1515 RINGLING BLVD WAUCHULA FL 33873				61 Name	Carlton Winston C.		
				62 Street Address (P.O. Box Number is Not Acceptable)	1304 W. Main Street		
				63			
				64 City	FL	65 Zip Code	33873

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 re-instating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLTON, WINSTON C	1.2 NAME	
STREET ADDRESS	1304 W. MAIN STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	WAUCHULA FL	1.4 CITY - ST - ZIP	
TITLE	DT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLTON, ERMA	2.2 NAME	
STREET ADDRESS	1304 W. MAIN STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	WAUCHULA FL	2.4 CITY - ST - ZIP	
TITLE	VPD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLTON, BEN S	3.2 NAME	
STREET ADDRESS	ROUTE 1, BOX 314-A	3.3 STREET ADDRESS	
CITY - ST - ZIP	WAUCHULA FL	3.4 CITY - ST - ZIP	
TITLE	DS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLTON, LOUISE	4.2 NAME	
STREET ADDRESS	ROUTE 1, BOX 314-A	4.3 STREET ADDRESS	
CITY - ST - ZIP	WAUCHULA FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE: Erma C. Carlton Erma C. Carlton 6-11-95 813-773-3648
(Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Telephone #)

CR2E034 (3/95)