

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995. AMOUNT DUE ON OR BEFORE 6/30/94: \$225 (IF DISSOLVED, MEMBERS AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED**

95 JUL 10 AM 9:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 252950 (1)**

1. Corporation Name  
**SHARLYN CITRUS CORPORATION**

Principal Place of Business  
531 INDIAN HARBOR ROAD  
VERO BEACH FL 32963

Mailing Address  
531 INDIAN HARBOR ROAD  
VERO BEACH FL 32963

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **11/08/1961**  
3a. Date of Last Report: **07/06/1994**  
4. FEI Number: **59-0952913**  
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**  
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip Country  
24  
2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip Country  
29  
30

9. Name and Address of Current Registered Agent  
**O'HAIRE, MICHAEL  
3103 CARDINAL DRIVE  
VERO BEACH FL 32963**

10. Name and Address of New Registered Agent  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining)

12. OFFICERS AND DIRECTORS

TITLE	<b>DST</b>
NAME	<b>MORRISON, BARBARA J</b>
STREET ADDRESS	<b>531 INDIAN HARBOR RD</b>
CITY-ST-ZIP	<b>VERO BEACH, FLORIDA 00000</b>
TITLE	<b>D</b>
NAME	<b>BECKLEY, BARBARA L</b>
STREET ADDRESS	<b>901 PAINTED BUNTING LN.</b>
CITY-ST-ZIP	<b>VERO BEACH, FLORIDA 00000</b>
TITLE	<b>PD</b>
NAME	<b>MORRISON, JOHN J</b>
STREET ADDRESS	<b>531 INDIAN HARBOR RD</b>
CITY-ST-ZIP	<b>VERO BEACH, FLORIDA 00000</b>
TITLE	<b>D</b>
NAME	<b>LUCIE, SHARON M (ASST)</b>
STREET ADDRESS	<b>3804 MCGRITS BLVD.</b>
CITY-ST-ZIP	<b>JACKSONVILLE, FL 00000</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>NC</b>
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>NC</b>
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>NC</b>
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	<b>NC</b>
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(b), 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 in an attachment with an address.

SIGNATURE: John J. Morrison Date: 6-20-95 Daytime Phone #: 407-231-2967  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/95)