

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 10 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

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 32963-3514

3. Date Incorporated or Qualified: 11/08/1961  
3a. Date of Last Report: 01/30/1996  
4. FEI Number: 59-0952913  
5. Certificate of Status Desired: [ ] \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution: [ ] \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [X] Yes [ ] No

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 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: \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS  
1.1 TITLE: DST [ ] DELETE  
1.2 NAME: MORRISON, BARBARA J  
1.3 STREET ADDRESS: 531 INDIAN HARBOR RD VERO BEACH, FLORIDA 00000  
1.4 CITY - ST - ZIP: VERO BEACH, FLORIDA 00000  
2.1 TITLE: D [ ] DELETE  
2.2 NAME: BECKLEY, BARBARA L  
2.3 STREET ADDRESS: 901 PAINTED BUNTING LN. VERO BEACH, FLORIDA 00000  
2.4 CITY - ST - ZIP: VERO BEACH, FLORIDA 00000  
3.1 TITLE: PD [ ] DELETE  
3.2 NAME: MORRISON, JOHN J  
3.3 STREET ADDRESS: 531 INDIAN HARBOR RD VERO BEACH, FLORIDA 00000  
3.4 CITY - ST - ZIP: VERO BEACH, FLORIDA 00000  
4.1 TITLE: D [ ] DELETE  
4.2 NAME: LUCIE, SHARON M (ASST)  
4.3 STREET ADDRESS: 3804 MCGRITS BLVD. JACKSONVILLE, FL 00000  
5.1 TITLE: [ ] DELETE  
5.2 NAME: [ ] DELETE  
5.3 STREET ADDRESS: [ ] DELETE  
5.4 CITY - ST - ZIP: [ ] DELETE  
6.1 TITLE: [ ] DELETE  
6.2 NAME: [ ] DELETE  
6.3 STREET ADDRESS: [ ] DELETE  
6.4 CITY - ST - ZIP: [ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE: [ ] Change [ ] Addition  
1.2 NAME: [ ] Change [ ] Addition  
1.3 STREET ADDRESS: [ ] Change [ ] Addition  
1.4 CITY - ST - ZIP: [ ] Change [ ] Addition  
2.1 TITLE: [ ] Change [ ] Addition  
2.2 NAME: [ ] Change [ ] Addition  
2.3 STREET ADDRESS: [ ] Change [ ] Addition  
2.4 CITY - ST - ZIP: [ ] Change [ ] Addition  
3.1 TITLE: [ ] Change [ ] Addition  
3.2 NAME: [ ] Change [ ] Addition  
3.3 STREET ADDRESS: [ ] Change [ ] Addition  
3.4 CITY - ST - ZIP: [ ] Change [ ] Addition  
4.1 TITLE: [ ] Change [ ] Addition  
4.2 NAME: [ ] Change [ ] Addition  
4.3 STREET ADDRESS: [ ] Change [ ] Addition  
4.4 CITY - ST - ZIP: [ ] Change [ ] Addition  
5.1 TITLE: [ ] Change [ ] Addition  
5.2 NAME: [ ] Change [ ] Addition  
5.3 STREET ADDRESS: [ ] Change [ ] Addition  
5.4 CITY - ST - ZIP: [ ] Change [ ] Addition  
6.1 TITLE: [ ] Change [ ] Addition  
6.2 NAME: [ ] Change [ ] Addition  
6.3 STREET ADDRESS: [ ] Change [ ] Addition  
6.4 CITY - ST - ZIP: [ ] Change [ ] Addition

14. I do 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 supplement 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 and have received the necessary approval 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* 1-23-97 561-231-2966  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)