FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **275299** **(6)**

1. Corporation Name
ADAMS CITRUS NURSERY, INC.

Principal Place of Business
STATE ROAD 544 EAST
HAINES CITY FL 33844

Mailing Address
P.O BOX 1505
HAINES CITY FL 33845
US

3. Date Incorporated or Qualified: 11/01/1963
3a. Date of Last Report: 05/12/1995

2. Principal Place of Business [21]
Suite, Apt. #, etc. [22]
City & State [23]
Zip [24] Country [25]

2a. Mailing Address [26]
Suite, Apt. #, etc. [27]
City & State [28]
Zip [29] Country [30]

4. FEI Number: 59-1026500 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ADAMS, WILLIAM G.
ST. RD. 544 EAST
HAINES CITY FL 33844

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 _______________

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	ADAMS, WILLIAM G	
STREET ADDRESS	ST. RD. 544 EAST	
CITY-ST-ZIP	HAINES CITY FL	
TITLE	VD	☐ DELETE
NAME	IMBER, WANDA L.	
STREET ADDRESS	ST. RD. 544 EAST	
CITY-ST-ZIP	HAINES CITY FL	
TITLE	STD	☐ DELETE
NAME	ADAMS, GUSTA LEE	
STREET ADDRESS	ST. RD. 544 EAST	
CITY-ST-ZIP	HAINES CITY FL	
TITLE	D	☐ DELETE
NAME	ADAMS, ALAN	
STREET ADDRESS	ST. RD. 544 E.	
CITY-ST-ZIP	HAINES CITY FL	
TITLE	D	☐ DELETE
NAME	LONG, LIVIA	
STREET ADDRESS	ST. RD. 544 E.	
CITY-ST-ZIP	HAINES CITY FL	
TITLE	D	☐ DELETE
NAME	JOHNSON, BRENDA	
STREET ADDRESS	ST RD 544 E	
CITY-ST-ZIP	HAINES CITY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ 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 119.07(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: Wanda L. Imber WANDA L. IMBER 3-5-96 941 ?35-1522
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)