

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

FILED

Feb 14 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

Mailing Address

STATE ROAD 544 EAST
HAINES CITY FL 33844P.O. BOX 1505
HAINES CITY FL 33845-1505
US

3. Date Incorporated or Qualified

11/01/1963

3a. Date of Last Report

02/13/1996

4. FEI Number

59-1026500

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☒ Change ☐ Addition☐ Change ☐ Addition

Livingston, Livia

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-11-97 941/435-1502

CR2E034 (9/96)