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

PROFIT CORPORATION ANNUAL REPORT

1998

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

FILED
May 04 1998 8:00am
Secretary of State

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/01/1963

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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 _____ (NOTE: Registered Agent signature required when constating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ADAMS, WILLIAM G		1.2 NAME	
STREET ADDRESS	ST. RD. 544 EAST		1.3 STREET ADDRESS	
CITY-ST-ZIP	HAINES CITY FL		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	IMBER, WANDA L.		2.2 NAME	
STREET ADDRESS	ST. RD. 544 EAST		2.3 STREET ADDRESS	
CITY-ST-ZIP	HAINES CITY FL		2.4 CITY-ST-ZIP	
TITLE	STD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ADAMS, GUSTA LEE		3.2 NAME	
STREET ADDRESS	ST. RD. 544 EAST		3.3 STREET ADDRESS	
CITY-ST-ZIP	HAINES CITY FL		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	ADAMS, ALAN		4.2 NAME	
STREET ADDRESS	ST. RD. 544 E.		4.3 STREET ADDRESS	
CITY-ST-ZIP	HAINES CITY FL		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	LIVINGSTON, LIVIA		5.2 NAME	
STREET ADDRESS	ST. RD. 544 E.		5.3 STREET ADDRESS	
CITY-ST-ZIP	HAINES CITY FL		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, BRENDA		6.2 NAME	
STREET ADDRESS	ST RD 544 E		6.3 STREET ADDRESS	
CITY-ST-ZIP	HAINES CITY FL		6.4 CITY-ST-ZIP	

14. I 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 a 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 is in an attachment with an address.

SIGNATURE _____ 4/24/98

CR2E034 (10/97)