

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 24 AM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 283802 (7)

1. Corporation Name

SUNCREST CITRUS, INC.

Principal Place of Business

**7400 STATE ROAD 544
WINTER HAVEN FL 33881**

Mailing Address

**7400 STATE ROAD 544
WINTER HAVEN FL 33881**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/30/1964

3a. Date of Last Report

05/01/1994

4. FEI Number

59-1105197

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

23

Zip

Country

City & State

27

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**INGRAM, BRUCE B. JR.
~~WINTER HAVEN~~ P.O. Box 3722

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

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

(NOTE: Registered Agent signature required when nonattesting)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

INGRAM, BRUCE B JR

STREET ADDRESS

~~WINTER HAVEN~~ P.O. Box 3722

CITY - ST - ZIP

HAINES CITY FL

TITLE

SD

NAME

TRAMONTIN, MARY ELLEN

STREET ADDRESS

157 HOMEWOOD COURT

CITY - ST - ZIP

WINTER HAVEN FL

TITLE

DPT

NAME

INGRAM, LUCILLE C

STREET ADDRESS

211 W CYPRESS ST

CITY - ST - ZIP

DAVENPORT FL

TITLE

D

NAME

BUDD, LINDA

STREET ADDRESS

3107 S. TURKEY CREEK RD.

CITY - ST - ZIP

PLANT CITY, FL

TITLE

D

NAME

BROWN, GAIL V

STREET ADDRESS

218 MAPLE STREET

CITY - ST - ZIP

DAVENPORT FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bruce B. Ingram, Jr.

4/18/95 813 422 4918

Date

Signature