

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

FILED
Feb 17 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 283802 (7)

1. Corporation Name
SUNCREST CITRUS, INC.

Principal Place of Business

Mailing Address

7400 STATE ROAD 544
WINTER HAVEN FL 33881
US

7400 STATE ROAD 544
WINTER HAVEN FL 33881

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/30/1964

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INGRAM, BRUCE B. JR.
1 ROBYN LANE
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 D
NAME INGRAM, BRUCE B JR
STREET ADDRESS 1 ROBYN LANE
CITY-ST-ZIP HAINES CITY FL

DELETE

TITLE SD
NAME TRAMONTIN, MARY ELLEN
STREET ADDRESS 157 HOMEWOOD COURT
CITY-ST-ZIP WINTER HAVEN FL

DELETE

TITLE DPT
NAME INGRAM, LUCILLE C
STREET ADDRESS 211 W CYPRESS ST
CITY-ST-ZIP DAVENPORT FL

DELETE

TITLE D
NAME BUDD, LINDA
STREET ADDRESS 3107 S. TURKEY CREEK RD.
CITY-ST-ZIP PLANT CITY, F

DELETE

TITLE D
NAME BROWN, GAIL V
STREET ADDRESS 218 MAPLE STREET
CITY-ST-ZIP DAVENPORT FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

1.1 TITLE D
1.2 NAME Bruce Ingram, Jr.
1.3 STREET ADDRESS 7500 Hatchineha Road
1.4 CITY-ST-ZIP Haines City, Fl

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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 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

2/13/98

CR2E034 (10/97)