FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Apr 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **307744** **(3)**

1. Corporation Name
HUBERT GRAVES CITRUS, INC.

Principal Place of Business	Mailing Address
4575 ROSEDALE BOULEVARD VERO BEACH FL 32966	4575 ROSEDALE BOULEVARD VERO BEACH FL 32966-2644

3. Date Incorporated or Qualified: 08/02/1966
3a. Date of Last Report: 04/25/1996

2. Principal Place of Business
21 2205 14TH AVE.
Suite, Apt. #, etc.
22 SUITE 200
City & State
23 VERO BEACH, FL
Zip 24 32960 Country 25 INDIAN RIVER

2a. Mailing Address
26 P.O. BOX 6190
Suite, Apt. #, etc.
27
City & State
28 VERO BEACH, FL
Zip 29 32961 Country 30 INDIAN RIVER

4. FEI Number: 59-1147842 ☐ 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

GRAVES JR,HUBERT
4575 ROSEDALE RD
VERO BEACH FL 32966

10. Name and Address of New Registered Agent

81 Name: GRAVES JR, HUBERT
82 Street Address (P.O. Box Number is Not Acceptable): 2205 14TH AVE.
83 SUITE 200
84 City: VERO BEACH, FL **FL** 85 Zip Code: 32961

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: Hubert Graves, Jr. 4-14-97
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	SD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GRAVES, JEANNE S		1.2 NAME		
STREET ADDRESS	4575 ROSEDALE RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH, FL 00000		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GRAVES JR, HUBERT		2.2 NAME		
STREET ADDRESS	4575 ROSEDALE RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH, FL 00000		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HOOVER, JANIE GRAVES		3.2 NAME		
STREET ADDRESS	4400 ROSEWOOD BLVD		3.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BCH. FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GRAVES, JULIA A.		4.2 NAME		
STREET ADDRESS	4575 ROSEDALE RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BCH. FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BARTLETT, JEANE GRAVES		5.2 NAME		
STREET ADDRESS	4575 ROSEDALE RD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BCH. FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: Hubert Graves, Jr. HUBERT GRAVES, JR. 4-14-97 561-562-7361
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #