

FILED  
Apr 27 1998 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # 328191  
1. Corporation Name  
SIMMONS CITRUS COMPANY, INC.

(2)

Principal Place of Business  
JACK CUETT ROAD  
P.O. BOX 846  
WAUCHULA FL 33873

Mailing Address  
JACK CUETT ROAD  
P.O. BOX 846  
WAUCHULA FL 33873



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 3027 BOYD COWART RD  
Suite, Apt. #, etc.  
22 WAUCHULA, FL  
City & State  
23 33873  
Zip  
24  
Country  
25

2a. Mailing Address  
26  
Suite, Apt. #, etc.  
27  
City & State  
28  
Zip  
29  
Country  
30

3. Date Incorporated or Qualified  
03/29/1968

4. FEI Number  
59-1370626  
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  
SIMMONS, CARL  
P.O. BOX 846, CORNER OF PALMETTO & ORANGE  
WAUCHULA FL 33873

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
FL

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  
TITLE PD  
NAME SIMMONS, CARL  
STREET ADDRESS 226 ORANGE AVE  
CITY-ST-ZIP WAUCHULA FL  
TITLE S  
NAME SIMMONS, FRANCES  
STREET ADDRESS 226 ORANGE AVE  
CITY-ST-ZIP WAUCHULA FL  
TITLE TD  
NAME SIMMONS, FRANCES  
STREET ADDRESS 226 ORANGE AVE  
CITY-ST-ZIP WAUCHULA FL  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
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

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  
T. J. Simmons - Frances H. Simmons  
6/27/98