


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

FILED

Jan 23 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 # 360489 (9) 1. Corporation Name FRED N. DUNN CITRUS NURSERY, INC.					
Principal Place of Business HIGHWAY 441 BOX 35 PLYMOUTH FL 32768			Mailing Address P. O. BOX 1296 PLYMOUTH FL 32768-1296 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/03/1970	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1292897	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent DUNN, FRED N HIGHWAY 441 PLYMOUTH FL 32768				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 reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	DUNN, FRED N				
STREET ADDRESS	HWY 441, BOX 35				
CITY - ST - ZIP	PLYMOUTH FL				
TITLE	VD	<input type="checkbox"/> DELETE			
NAME	DUNN, BERNICE B				
STREET ADDRESS	HWY 441, BOX 35				
CITY - ST - ZIP	PLYMOUTH FL				
TITLE	S	<input type="checkbox"/> DELETE			
NAME	DUNN, ROBERT K.				
STREET ADDRESS	1664 W.O.B.T.				
CITY - ST - ZIP	APOPKA FL				
TITLE	T	<input type="checkbox"/> DELETE			
NAME	DUNN, FRED NATHAN				
STREET ADDRESS	1643 SILVER FOX CIRCLE				
CITY - ST - ZIP	APOPKA FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	DICKINSON, BRENDA				
STREET ADDRESS	1429 HIGHLAND DR.				
CITY - ST - ZIP	TALLAHASSEE, FL 00000				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY - ST - ZIP					
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY - ST - ZIP					
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY - ST - ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY - ST - ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY - ST - ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 checked or on an attachment with an address.					
SIGNATURE: _____					



DO NOT WRITE IN THIS SPACE

CR2E034 (10/97)

1/15/98

(407) 886-8643