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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUN 1. Corporation	MENT # 360489	)		02-11-1999 90013 043	3 ***150.00
FRED N. DUNN CITRUS NURSERY, INC.					
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Principal Place	e of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·	4 100:00 (1111 a a(1)) and a and a and	f Bjæli Bibil Aflet Bibit Bibit Aflet Ioni
HIGHWAY 441		P. O. BOX 1296		<u> </u>	
BOX 35 PLYMOUTH FL 32768-1296 PLYMOUTH FL 32768 US			DO NOT WRITE IN	THIS SPACE	
PLYMOUTH FL :	32768	05		3. Date Incorporated or Qualifed	
			•	03/03/1970	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-1292897	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
22		City & State		6 Florier Compaign Financing	\$5.00 May Be
City & State	e	28		6. Election Campaign Financing  Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current y	rear Intangible
24	25	29 3	0	Personal Property Tax.	∭ Yes □No
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Regis	stered Agent
			81 Name		
	N,FRED N		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
	IWAY 441			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
PLIN	MOUTH FL 32768		83	1.	<b>国际各位的国际企业</b>
			84 City		85 Zip Code
		02 and 607 1509. Florida Statutos	the above named corr	poration submits this statement for the purp	ose of changing its registered
office or re	egictored agent or both in the State	e of Florida. Such change was aut	horized by the corporat	ion's board of directors. I hereby accept the	appointment as registered
		0 01 1 10 10 10 10 10 10 10 10 10 10 10	nonzed by the corporat	,	··· -
agent. I a	m familiar with, and accept the oblig	pations of, Section 607.0505, Floric	da Statutes.		
agent. I a	m familiar with, and accept the oblig	gations of, Section 607.0505, Fiore	da Statutes.	red when reinstating) D	ATE
agent. I a	m familiar with, and accept the oblig Signature, typed or printed name of registered as	pations of, Section 607.0505, Fionic pent and title if applicable. (NOTE: R ND DIRECTORS	ia Statutes.	red when reinstating)	RS AND DIRECTORS IN 12
agent. I a	m familiar with, and accept the oblig Signature, typed or printed name of registered as	pations of, Section 607.0505, Fioric	a Statutes. tegistered Agent signature requir	red when reinstating) D	ATE
agent. I al SIGNATURE 12.	m familiar with, and accept the oblig  Signature, typed or printed name of registered as  OFFICERS A  PD  DUNN,FRED N	pations of, Section 607.0505, Fionic pent and title if applicable. (NOTE: R ND DIRECTORS	tegistered Agent signature requir  13. 1.1 TITLE 1.2 NAME	red when reinstating)	RS AND DIRECTORS IN 12
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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 of rustee 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, with all other like empowered.

6.4 CITY-ST-ZIP

**FILED** 

Feb 11, 1999 8:00am

**Secretary of State**