FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY -1 AM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 388994 (6)

1. Corporate Name

WALKER CITRUS FRUITS, INC.

Principal Place of Business

ORANGE AVENUE EXTENSION
P.O.BOX 639
FORT PIERCE FL 34954

Mailing Address

ORANGE AVENUE EXTENSION
P.O.BOX 639
FORT PIERCE FL 34954

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/27/1971

3a. Date of Last Report: 03/11/1994

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. # or P.O. — 22 / 27

City & State — 23 / 28

Zip — 24 / 29 — County — 25 / 30

4. FEI Number: 59-1362196 — 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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

WALKER, DAVID L.
3007 S. INDIAN RIVER DRIVE
FT. PIERCE FL 33450

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 607.0501 and 607.0505, Florida Statutes, the above named corporation submits the 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

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	WALKER, DAVID L.
STREET ADDRESS	3007 INDIAN RIVER DR.
CITY, ST, ZIP	FT. PIERCE FL
TITLE	V
NAME	WALKER, VERDA H.
STREET ADDRESS	3007 INDIAN RIVER DR.
CITY, ST, ZIP	FT. PIERCE FL
TITLE	T
NAME	WALKER, BRYAN LEE
STREET ADDRESS	3007 INDIAN RIVER DR.
CITY, ST, ZIP	FT. PIERCE FL
TITLE	S
NAME	WALKER, DAVID LAVERNE
STREET ADDRESS	3007 INDIAN RIVER DR.
CITY, ST, ZIP	FT. PIERCE FL
TITLE	D
NAME	BRAKINS, A.J.
STREET ADDRESS	321 21ST STREET
CITY, ST, ZIP	VERO BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and 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 the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changes or additions are shown with an address.

SIGNATURE: DAVID L. WALKER — 4/26/95 — 407-465-7540

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE

0382000 CP