

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 388994

Corporation 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

FILED  
Jul 12, 1999 8:00 am  
Secretary of State

07-12-1999 90006 036 \*\*\*558.75



DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/27/1971	
26		26		4. FEI Number 59-1362196	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
27		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country		
25		29	30		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
WALKER, DAVID L. 3007 S. INDIAN RIVER DRIVE FT. PIERCE FL 33450				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				FL 85 Zip Code	

I, 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		(NOTE: Registered Agent signature required when reinstating)		DATE	
Signature, typed or printed name of registered agent and title if applicable.					
OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
LE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
WE	WALKER, DAVID L.	1.2 NAME			
REET ADDRESS	3007 INDIAN RIVER DR.	1.3 STREET ADDRESS			
Y-ST-ZIP	FT. PIERCE FL	1.4 CITY-ST-ZIP			
LE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
WE	WALKER, VERDA H.	2.2 NAME			
REET ADDRESS	3007 INDIAN RIVER DR.	2.3 STREET ADDRESS			
Y-ST-ZIP	FT. PIERCE FL	2.4 CITY-ST-ZIP			
LE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
WE	WALKER, BRYAN LEE	3.2 NAME			
REET ADDRESS	3007 INDIAN RIVER DR.	3.3 STREET ADDRESS	2311 S.E. 30th Place		
Y-ST-ZIP	FT. PIERCE FL	3.4 CITY-ST-ZIP	Ocala FL 34471		
LE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
WE	WALKER, DAVID LAVERNE	4.2 NAME			
REET ADDRESS	3007 INDIAN RIVER DR.	4.3 STREET ADDRESS			
Y-ST-ZIP	FT. PIERCE FL	4.4 CITY-ST-ZIP			
LE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
WE		5.2 NAME			
REET ADDRESS		5.3 STREET ADDRESS			
Y-ST-ZIP		5.4 CITY-ST-ZIP			
LE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
WE		6.2 NAME			
REET ADDRESS		6.3 STREET ADDRESS			
Y-ST-ZIP		6.4 CITY-ST-ZIP			

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/99

Date

561-465-7840

Daytime Phone #

CR2E034 (5/99)