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

PROFIT CORPORATION ANNUAL REPORT

Block 12 or Block

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # (1)442093 CITRUS FROM INDIAN RIVER SALES, INC. Principal Place of Business Mailing Address 4425 NORTH U.S. #1 4425 NORTH U.S. #1 VERO BEACH FL 32967-1560 VERO BEACH FL 32967 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/20/1973 Applied For 2. Principal Place of Business 2a. Mailing Address 21 59-1503578 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing П 23 28 Trust Fund Contribution Added to Fees Ζip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name **ESTES, WILLIAM CODY** 3705 20TH ST. Street Address (P.O. Box Number is Not Acceptable) VERO BEACH FL 32960 83 85 Zip Code 84 City 11. Pursuant to the provisions of Sections 607.05.02 and 607.15.08. 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 Horida Such change was authorized by the corporation's board of directors. Thereby 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELITE Change ☐ Addition 1.1 TOLE TITLE ESTES, WILLIAM C NAME 1.2 NAME 3705 20TH ST. STREET AODRESS 1.3 STREET ADORESS VERO BCH. FL 32960 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE NAME BANACK, SIDNEY M 22 NAME STREET ADDRESS 6125A ATLANTIC BLVD. 2.3 STREET ADDRESS VERO BCH. FL CITY-S1-ZIP 2 4 CITY-ST-ZIP DELFTE Change Addition 3.1 THILE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5 4 CHY-ST-ZIP Change DELETE Addition 6.1 TIFLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-7IP 14. Thereby certify that the information supplied with this filtregloes 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 supplienced 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 consentation or the recommendation of the recomme

ent with an address

3-6-98

FILED

Mar 16 1998 8:00am

Secretary of State