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Feb 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 466913

(1)

1. Corporation Name

VILLA CITRUS, INC.

Principal Place of Business

Mailing Address

N MANLEY RD
RT 2 BOX 178-A
WAUCHULA FL 33873

N MANLEY RD
RT 2 BOX 178-A
WAUCHULA FL 33873-9802



3. Date Incorporated or Qualified
12/31/1974

3a. Date of Last Report
01/23/1996

2. Principal Place of Business

2a. Mailing Address

21 210 North 3rd. Ave.

26 P.O. BOX 1264

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Wauchula, FL

28 Wauchula, FL

24 33873

Country
25 HARDEE

29 33873

Country
30 HARDEE

4. FEI Number

59-1594984

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. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SOLES, JACK
MANLEY RD
RT. 2 BOX 178A
WAUCHULA FL 33873

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 of officer or director of corporation and (if applicable)

Jack D. Soles, Agent/Secretary

(NOTE: Registered Agent signature required when reinstating)

1/7/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VT CATE, PAUL B ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
2218 STARBOARD ST
WINTER HAVEN FL

TITLE VD GRANTHAM, R C ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
RR #2
WAUCHULA FL

TITLE S SOLES, JACK S ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
RT 2 BOX 178-A
WAUCHULA, FL 00000

TITLE AST SEIDEL, MARIAN ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
RT 2, BOX 178-A
WAUCHULA, FL 00000

TITLE P KELLEY, E.W. (WOOD) II ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
115 ORCHARD PL
ITHACA NY

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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 a 1 and 2.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-24-97

607-255-6759

0391122

CR2E034 (9/96)