

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

FILED

Jan 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 466913 (1)

1. Corporation Name
VILLA CITRUS, INC.

Principal Place of Business

210 N 3RD AVE
WAUCHULA FL 33873
US

Mailing Address

PO BOX 1264
WAUCHULA FL 33873
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/31/1974

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 210 N. 3rd. Ave

Suite, Apt. #, etc.

22 City & State

23 Wauchula, Fla.

Zip

24 33873

Country

25 Hardee

2a. Mailing Address

26 P.O. BOX 1264

Suite, Apt. #, etc.

27 City & State

28 Wauchula, Fla.

Zip

29 33873

Country

30 Hardee

9. Name and Address of Current Registered Agent

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

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 607.0502 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 *Jack D. Soles* Jack D. Soles; Agent/Secretary

1/17/98

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE VT ☐ DELETE
NAME CATE, PAUL B
STREET ADDRESS 2218 STARBOARD ST
CITY-ST-ZIP WINTER HAVEN FL

TITLE VD ☐ DELETE
NAME GRANTHAM, R C
STREET ADDRESS RR #2
CITY-ST-ZIP WAUCHULA FL

TITLE S ☐ DELETE
NAME SOLES, JACK S
STREET ADDRESS RT 2 BOX 178-A
CITY-ST-ZIP WAUCHULA, FL 00000

TITLE AST ☐ DELETE
NAME SEIDEL, MARIAN
STREET ADDRESS RT 2, BOX 178-A
CITY-ST-ZIP WAUCHULA, FL 00000

TITLE P ☐ DELETE
NAME KELLEY, E.W. (WOOD) II
STREET ADDRESS 115 ORCHARD PL
CITY-ST-ZIP ITHACA NY

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS P.O. BOX 967 N/A
2.4 CITY-ST-ZIP Wauchula, Fla. 33873

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 201 Manley Road
3.4 CITY-ST-ZIP Wauchula, Fla. 33873

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS P.O. BOX 1264
4.4 CITY-ST-ZIP Wauchula, Fla. 33873

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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:

Jack D. Soles

1/17/98

(607)255-6759

CR2E034 (10/97)