

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

**FILED**  
**Jun 08, 1999 8:00 am**  
**Secretary of State**

06-08-1999 90005 026 \*\*\*550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**DOCUMENT # 467218**

1. Corporation Name  
**WORLD CITRUS, INC.**

Principal Place of Business  
**OFFICES OF CITRUS WORLD, INC.  
P. O. BOX 1111  
LAKE WALES FLORIDA 33859-8111**

Mailing Address  
**OFFICES OF CITRUS WORLD, INC.  
P. O. BOX 1111  
LAKE WALES FLORIDA 33859-8111**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**12/30/1974**

4. FEI Number  
**56-1086454**

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 the current year intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip Country

28. Zip Country

24. Zip Country

29. Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HENDRY, WILLIAM J.  
U.S. HIGHWAY 27 NORTH  
OFFICES OF CITRUS WORLD, INC.  
LAKE WALES FLORIDA 33859-8111**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☒ Change ☐ Addition

TITLE **P**  
NAME **HUNT, FRANK M**  
STREET ADDRESS **1015 SUNSET DRIVE**  
CITY-ST-ZIP **LAKE WALES, FL 00000**

1.1 TITLE **P**  
1.2 NAME **Hunt, Frank M.**  
1.3 STREET ADDRESS **952 Lakeshore Blvd.**  
1.4 CITY-ST-ZIP **Lake Wales, Florida 33853**

TITLE **VD**  
NAME **WILLIARD, ROBERT P.**  
STREET ADDRESS **121 WOODEN WAY**  
CITY-ST-ZIP **WINTER HAVEN FL**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **V**  
NAME **STEPHEN M. CARUSO**  
STREET ADDRESS **1355 SO SUMMERLIN AVE**  
CITY-ST-ZIP **ORLANDO, FL 32806**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **V**  
NAME **WILLIAM L. RALEY**  
STREET ADDRESS **LAKE ELOISE DRIVE**  
CITY-ST-ZIP **WINTER HAVEN FL**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **ST**  
NAME **WILLIAM J. HENDRY**  
STREET ADDRESS **4223 CONWAY PLACE CIRCLE**  
CITY-ST-ZIP **ORLANDO, FL 32812**

5.1 TITLE **ST**  
5.2 NAME **William J. Hendry**  
5.3 STREET ADDRESS **4717 LakeGrove Lane**  
5.4 CITY-ST-ZIP **Orlando, Florida 32806**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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, with all other like empowered.

SIGNATURE:

*William J. Hendry*  
WILLIAM J. HENDRY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-19-99  
Date

941.676.1411  
Daytime Phone #

CR2E034 (1/1/98)