SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $278)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 13 AM 8:07

DOCUMENT # **472741** **(8)**

1. Corporation Name

GOLDENBOUGH CITRUS GROVES, INC.

Principal Place of Business	Mailing Address
P O BOX 1399 WINTER HAVEN FL 33882-1399 US	P O BOX 1399 WINTER HAVEN FL 33882-1399 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/28/1975
3a. Date of Last Report: 04/27/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) County (25) Zip (29) County (30)

4. FEI Number: 59-1588124 ☐ 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

SNIVELY PATE
2970 CHICKASAW DR
HAINES CITY FL 33844

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, type or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PTD	☒ Change ☐ Addition
NAME	SNIVELY, MCCLENDON PATE	12 NAME		
STREET ADDRESS	2970 CHICASAW DRIVE	13 STREET ADDRESS		
CITY-ST-ZIP	HAINES CITY FL	14 CITY-ST-ZIP		
TITLE	VSD	21 TITLE		☒ Change ☐ Addition
NAME	PETERS, CARL J.	22 NAME		
STREET ADDRESS	12016 HILLSIDE CT	23 STREET ADDRESS	REMOVE	
CITY-ST-ZIP	DADE CITY FL	24 CITY-ST-ZIP		
TITLE	VD	31 TITLE	VSD	☒ Change ☐ Addition
NAME	SNIVELY, PATE, JR.	32 NAME		
STREET ADDRESS	939 AVE A S.E.	33 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL	34 CITY-ST-ZIP		
TITLE	VD	41 TITLE		☐ Change ☐ Addition
NAME	SNIVELY, CHARLES SCOTT	42 NAME		
STREET ADDRESS	14725 CAMP MACK RD	43 STREET ADDRESS		
CITY-ST-ZIP	LAKE WALES FL	44 CITY-ST-ZIP		
TITLE		51 TITLE	VD	☐ Change ☒ Addition
NAME		52 NAME	William H. Snively	
STREET ADDRESS		53 STREET ADDRESS	3111 Mar Lisa Cove Rd.	
CITY-ST-ZIP		54 CITY-ST-ZIP	Lake Wales, FL	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Helen Snively Pate 6-8-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0100003 FP