


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

FILED

Apr 30 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **472741** (8)  
1. Corporation Name  
**GOLDENBOUGH CITRUS GROVES, INC.**



Principal Place of Business <b>14900 CAMP MACK ROAD LAKE WALES FL 33882-1399 US</b>	Mailing Address <b>14900 CAMP MACK ROAD LAKE WALES FL 33853-8445 US</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/28/1975</b>	3a. Date of Last Report <b>06/05/1996</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>59-1588124</b>		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>SNIVELY PATE 2970 CHICKASAW DR HAINES CITY FL 33844</b>		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 \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	PTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SNIVELY, MCCLENDON PATE</b>	1.2 NAME	<b>Snively McClendon Pate</b>
STREET ADDRESS	<b>2970 CHICKASAW DRIVE</b>	1.3 STREET ADDRESS	<b>2925 Mar Lisa Cove Rd</b>
CITY- ST- ZIP	<b>HAINES CITY FL</b>	1.4 CITY- ST- ZIP	<b>LAKE WALES FL 33853</b>
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SNIVELY, PATE, JR.</b>	2.2 NAME	
STREET ADDRESS	<b>939 AVE. A, SE</b>	2.3 STREET ADDRESS	
CITY- ST- ZIP	<b>WINTER HAVEN FL</b>	2.4 CITY- ST- ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SNIVELY, CHARLES SCOTT</b>	3.2 NAME	
STREET ADDRESS	<b>14725 CAMP MACK RD</b>	3.3 STREET ADDRESS	
CITY- ST- ZIP	<b>LAKE WALES FL</b>	3.4 CITY- ST- ZIP	
TITLE	VDS <input type="checkbox"/> DELETE	4.1 TITLE	VDS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SNIVELY, WILLIAM H</b>	4.2 NAME	<b>Snively William H</b>
STREET ADDRESS	<b>3111 MAR LISA COVE RD.</b>	4.3 STREET ADDRESS	<b>2750 LK Pierce Dr</b>
CITY- ST- ZIP	<b>LAKE WALES FL</b>	4.4 CITY- ST- ZIP	<b>LAKE WALES FL 33863</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		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 an address.

SIGNATURE: William H Snively 4/25/97 941-696-1101  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)