

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
JAMES B. McCLURE
Secretary of State
Tallahassee, Florida 32399-0001

APPROVED
AND
FILED

55 MAY -1 AM 9:52

DOCUMENT # 534430

(4)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

HARBOR CITRUS, INC.

Principal Place of Business

Alternate Address

US HWY 1 NORTH
P O BOX 217
WABASSO FL 32970

US HWY 1 NORTH
P O BOX 217
WABASSO FL 32970

DATE OF WRITE IN THIS SPACE

3. Filing Period (Month - Day - Year)	3a. Date of Report
05/20/1977	04/08/1994
4. Filing Number	Applied For
59-1757105	Not Applicable
5. Certificate of Status (Required)	\$8.75 Additional Fee Required
6. Election Campaign Reporting (Trust Fund Contributions)	\$5.00 May Be Added to Fees
7. Has corporation been held for information by another Florida corporation?	☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22	27
23	28
24	29
25	30

9. Name and Address of Current Registered Agent

HALE JR. STEPHEN C.
C/O HALE INDIAN RIVER GROVE, U.S. HWY 1 NO
WABASSO FL 32970

10. Name and Address of New Registered Agent

81. Name	85. State
82. Street Address (P.O. Box Number or Post Office Address)	FL
83. City	
84. Zip	

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the foregoing is a true and correct statement of the facts as the same appear from the records of the Department of State, and that the same are true and correct as the same appear from the records of the Department of State, and that the same are true and correct as the same appear from the records of the Department of State.

SIGNATURE

12. OFFICERS AND DIRECTORS	13. ALTERNATE OFFICERS AND DIRECTORS
NAME TITLE ADDRESS CITY STATE ZIP	NAME TITLE ADDRESS CITY STATE ZIP
PD HALE, STEPHEN C. JR. 500 INDIAN HARBOR ROAD VERO BEACH FL SD MCDONALD, JOHN C. 100 RIVER OAK LANE VERO BEACH FL	

14. I, the undersigned, being a resident of the State of Florida, do hereby certify that the foregoing is a true and correct statement of the facts as the same appear from the records of the Department of State, and that the same are true and correct as the same appear from the records of the Department of State, and that the same are true and correct as the same appear from the records of the Department of State.

SIGNATURE:

DATE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/95

(407)589-4334