FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 AM 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **575150** **(8)**

1. Corporation Name
INDIAN RIVER CITRUS MANAGEMENT, INC.

Principal Place of Business	Mailing Address
1120 31ST AVENUE P.O. BOX 650517 VERO BEACH FL 32960	1120 31ST AVENUE P.O. BOX 650517 VERO BEACH FL 32960

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/06/1978
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business	2a. Mailing Address
21 4555 - 12TH STREET	26 P.O. Box 6509
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: VERO BEACH, FL	28 City & State: VERO BEACH, FL
24 Zip: 32966 25 Country: INDIAN RIVER	29 Zip: 32961 30 Country: INDIAN RIVER

4. FEI Number: 59-1838224 ☐ 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	10. Name and Address of New Registered Agent
SCREWS, T. GRAYSON 1120 31ST AVENUE VERO BEACH, FL 32960	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 4555 - 12TH STREET 83 84 City: VERO BEACH, FL 85 Zip Code: 32966

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☒ Change ☐ Addition
NAME	SCREWS, T. GRAYSON	12 NAME	
STREET ADDRESS	1120 31ST AVENUE	13 STREET ADDRESS	4555 - 12TH STREET
CITY-ST-ZIP	VERO BEACH FL	14 CITY-ST-ZIP	VERO BEACH, FL 32966
TITLE	STD	21 TITLE	☒ Change ☐ Addition
NAME	SCREWS, SANDRA B.	22 NAME	
STREET ADDRESS	1120 31ST AVENUE	23 STREET ADDRESS	4555 - 12TH STREET
CITY-ST-ZIP	VERO BEACH FL	24 CITY-ST-ZIP	VERO BEACH, FL 32966
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	SCREWS, DONALD G.	32 NAME	
STREET ADDRESS	1106 54TH AVENUE	33 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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: Sandra B. Screws SANDRA B. SCREWS 4-28-95 407-778-1530
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0071720 CP