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Apr 21 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 586820 (3)
1. Corporation Name
CITRUS BUYERS, INC.



Principal Place of Business Mailing Address
2080 HIGHWAY 540 W 2080 HIGHWAY 540 W
P. O. BOX 920 P. O. BOX 920
WINTER HAVEN FL 33882-7920 WINTER HAVEN FL 33882-7920

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/19/1978	
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	28	4. FEI Number 59-1842114	Applied For Not Applicable
22 City & State	27	28 City & State	29	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	25 Country	29 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent CAMPBELL, A L JR 2080 HIGHWAY 540 W WINTER HAVEN FL 33880				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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	11 TITLE	
NAME	CAMPBELL, ARCHIBALD D	12 NAME	
STREET ADDRESS	5901 SR 542 E	13 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN, FL 00000	14 CITY-ST-ZIP	
TITLE	S	21 TITLE	
NAME	CAMPBELL, RICHARD L	22 NAME	
STREET ADDRESS	1024 BRADBURY ROAD	23 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	24 CITY-ST-ZIP	
TITLE	VTS	31 TITLE	
NAME	CAMPBELL, A L	32 NAME	
STREET ADDRESS	2415 N LAKE WINTERSET RD	33 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN, FL 00000	34 CITY-ST-ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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.

SIGNATURE

CR2E034 (10/97)