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

PROFIT CORPORATION ANNUAL REPORT

1998

316 CANAL DR

LAKE WALES FL 33853

SIGNATURE:

2. Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 617357

(9)

RANKIN'S CITRUS GROVES, INC.

Principal Place of Business	Mailing Address

316 CANAL DR LAKE WALES FL 33853

2a. Mailing Address

FILED Feb 09 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For

3. Date incorporated or Qualified

04/13/1979

21		26	j[59-1907647	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.		tc.		5. Certificate of Status Desired	\$8.75 Additional		
22		27	·		U. Communication of Communication	Fee Required	
City & State City &		City & State			6. Election Campaign Financing	\$5.00 May Ве	
23		28			Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Cou	intry	8. This corporation owes or has pa	— ' — °	
24	25	29	30		Personal Property Tax due June		
9 Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent							
	NKIN, M.E.			7.7	T. Kankin		
316 CANAL DRIVE			82 Street Address (P.O. Box Number is Not Acceptable + H CT				
LAKE WALES FL 33853			7.0, 172415.E. Control				
			ļ	83			
			ĺ	84 City (/2 . 5)	cod la	FI 85 Z359995	
				WIEIT.	saale		
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 pm farming with, and accept the objigations of, Section 607.0505, Florida Statutes.							
agent. I A	n familiar with, and accept the objigat	ions of, Section 607.05	05, Florida Stat	ules.	ins board of directors. Thereby accep	ine appointment as registered	
SIGNATURE	Kaw	J.T.Kani		Sident		2/3/98	
	signature, typed of printed name of registered agent		(NOTE, Registered	Agent signature required		DATE	
12. //	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC		
TITLE U	PD	DELE	TE 1,1 III	LE		L Change L Addition	
NAME	rankin, j.t.		1.2 NA	ME		İ	
STREET ADDRESS	HWY. 42 E.P.O.BOX 408		1.3 ST	REET ADDRESS		Į:	
CRTY-ST-ZIP	WEIRSDALE_FL			ry-st-zip			
TITLE	VD	DELE	TE 2.1 TIT	LE		Change Addition	
NAME	rankin, judith		2.2 NA	ME		İ	
STREET ADDRESS	HWY. 42 E. P.O. BOX 408		2,3 ST	REET ADDRESS	⊀*	:)	
CITY-ST-ZIP	WEIRSDALE_FL		2.40	TY-ST-ZIP			
TITLE	STD	☑ DELE	TE 3,1 TIT	LE		☐ Change ☐ Addition	
NAME	rankin, M.E.		3.2 NA	WE ,		ì	
STREET ADDRESS	316 CANAL DRIVE		3,3 ST	REET ADDRESS			
CITY-ST-ZIP	LAKE WALES FL		3.4, Ci	TY-ST-ZIP		1.	
TITLE		DELE	TE : 4.1 TJT	LE		Change Addition	
NAME			4. 2 N/	ME		İ	
STREET ADDRESS			4.3 STI	REET ADDRESS		Į	
CITY-ST-ZIP			4,4 CIT	Y-ST-ZIP			
TITLE		DELET	TE 5.1 TiT	LE		Change Addition	
NAME			5.2 NA	ME			
STREET ADDRESS			5.3 ST	REET ADDRESS			
CITY-ST-ZIP			5.4 CIT	Y-ST-ZIP		i	
TITLE	·	DELET				Change Addition	
NAME		_	6.2 NA			,	
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP				Y-ST-ZIP		ţ	
14. I hereby c	ertify that the information supplied with	this filing does not au	alify for the exe	mption stated in Se	ection 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.							