624941

800438440448

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _______ Certificates of Status _______

Special Instructions to Filing Officer:

Office Use Only

624941

6 Nº 24941

CITRUS COUNTY RANCHES, INC.

Capital Stock 500 @ $1.00

Principal Office **Filed** 7/24/79

R 07056

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     4034  8/02/79
008     5                30.00  05
     4034  8/02/79
008     6                15.00  05
     4034  8/02/79
008     7                15.00  05
     4034  8/02/79
008     8                 3.00  05
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C. TAX	30.00
FILING	15.00
R. AGENT	3.00
C. COPY	15.00
TOTAL	63.00
N. BANK	
BALANCE DUE	
REFUND	
PHOTO COPY	

Dms 8-1-79

M

Secretary of State

STATE OF FLORIDA
THE CAPITOL
TALLAHASSEE 32304

GEORGE FIRESTONE
SECRETARY OF STATE

D. W. McKINNON, DIRECTOR
DIVISION OF CORPORATIONS

July 25, 1979

Mr. Glenn T. Harris
4700 N Sheridan St
Hollywood Fl. 33021

SUBJECT: CITRUS COUNTY RANCHES, INC.

DOCUMENT NUMBER: 624941

This will acknowledge receipt of the following:

1. __xx__ Check(s) totalling $ 63.00
2. __xx__ Articles of Incorporation filed 7/28/79
3. ______ Amendments to Articles of Incorporation filed
4. ______ Articles of Merger or Consolidation filed
5. ______ Certificate of Withdrawal filed
6. ______ Limited Partnership filed
7. ______ Limited Partnership Annual Report filed
8. ______ Trademark Application filed
9. ______ Application for qualification filed ______________. It is no longer required to issue a permit. A certificate under seal to this effect may be obtained for $5.
10. ______ Reinstatement filed
11. ______ Articles of Dissolution filed
12. ______ OTHER:

ENCLOSED:

1. __xx__ Certified Copy(ies).
2. ______ Certificate(s) Under Seal.
3. ______ Photocopy(ies).
4. ______ OTHER:

[illegible] MD/mmd

FLORIDA — STATE OF THE ARTS

ARTICLES OF INCORPORATION
OF
CITRUS COUNTY RANCHES, INC.

THE UNDERSIGNED subscribers to these Articles of Incorporation, each a natural person, competent to contract, hereby associate themselves together to form a corporation for profit under the laws of the State of Florida; and further do agree to the following conditions of said corporation.

ARTICLES I: NAME

The name of this corporation is:

CITRUS COUNTY RANCHES, INC.

ARTICLE II: NATURE OF BUSINESS

This corporation is organized for the following purpose or purposes: to engage in any and all business ventures and transactions allowable under any and all applicable state and federal laws and all things related thereto and for the purpose of transacting any and all lawful business.

ARTICLE III: CAPITAL STOCK

This corporation is authorized to issue a maximum of 500 shares of stock. The shares of stock authorized shall be common stock having a par vlaue of $1.00 per share. The consideration to be paid for each share of stock shall be fixed by the Board of Directors.

ARTICLE IV:
INITIAL REGISTERED AGENT AND INITIAL REGISTERED OFFICE

The corporation's initial Registered Agent and Registered office in the State of Florida shall be: CLENN T. HARRIS, Attorney at Law, 4700P Sheridan Street, Hollywood, Florida 33021

ARTICLE V: INITIAL BOARD OF DIRECTORS

The number of Directors shall be altered from time to time by the By-Laws adopted by the Stockholders. However, the corporation shall have no less than one (1) Director(s) at any time. The name and post office address of each member of the First Board of Directors is:

NAME	ADDRESS
GLENN T. HARRIS	4700F Sheridan Street Hollywood, Florida 33021

The members of the first Board of Directors shall hold office until the first annual meeting of the stockholders of the corporation.

ARTICLE VI: INCORPORATOR

The name and post office address of the Incorporator executing these Articles of Incorporation is as follows:

INCORPORATOR	ADDRESS
GLENN T. HARRIS	4700F Sheridan Street Hollywood, Florida 33021

ARTICLE VII: AMENDMENTS

This corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any amendment hereto, and any right conferred upon the shareholders is subject to this reservation.

ARTICLE VIII: COMMENCEMENT DATE

Corporate existence will commence on date Articles of Incorporation are filed with the Secretary of State, State of Florida.

THE UNDERSIGNED INCORPORATOR for the purpose of forming a corporation to do business within the State of Florida, do make and file these Articles of Incorporation, hereby declaring and certifying that the facts herein states as true.

(SEAL)
GLENN T. HARRIS

STATE OF FLORIDA)
)SS:
COUNTY OF BROWARD)

BE IT REMEMBERED that on this day before me, a Notary Public, duly authorized in the State and County named above to take acknowledgements, personally appeared GLENN T. HARRIS, to me known to be the person described as Incorporator in the aforegoing Articles of Incorporation, and he acknowledged before me that he executed same.

WITNESS my hand and seal at Hollywood, said County and State, this 14 day of July, 1979.

[illegible] PUBLIC STATE OF FLORIDA AT LARGE
[illegible] COMMISSION EXPIRES FEB. 13 1982
[illegible] THRU GENERAL INS. UNDERWRITERS

Notary Public, State of Florida
at large.

My commission expires:

CERTIFICATE DESIGNATING REGISTERED AGENT
FOR SERVICE OF PROCESS

Pursuant to Chapter 48.091, Florida Statutes the undersigned hereby designates GLENN T. HARRIS, Attorney at Law, whose address is 4700P Sheridan Street, Hollywood, Florida 33021, as its Registered Agent to accept service of process with the State.

GLENN T. HARRIS

THE UNDERSIGNED HEREBY accepts the foregoing designation as Registered Agent for service of process with the State of Florida, and agrees to comply with the provisions of the law applicable to said designation.

GLENN T. HARRIS
Attorney at Law
4700P Sheridan Street
Hollywood, Florida 33021
Tele: (305) 987-4430

BY
GLENN T. HARRIS

DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE
George Firestone
Secretary of State
DIVISION OF CORPORATIONS

1980

THIS REPORT MUST BE ACCOMPANIED BY A $10 FEE

DO NOT WRITE IN THIS SPACE

READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES
PLEASE STAPLE CHECK TO ANNUAL REPORT

1. Name and Address of Corporation Principal Office

629541
CITRUS COUNTY RANCHES, INC.
4700 P SHERIDAN STREET
HOLLYWOOD, FLORIDA 33021

If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code

2. Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone Is NOT Sufficient.

Street Address
P.O. Box No.
City
State
Zip Code

3. Date Incorporated or Qualified To Do Business in Florida: 7/24/1979

4. Federal Employer Identification Number (FEIN): 59-1974085

5. Date of Last Report:

6. Names and Street Addresses of Each Officer and Director

Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
HARRIS, GLENN T.	D	4700 P SHERIDAN ST.	HOLLYWOOD, FL

7. Registered Agent Information

Name
HARRIS, GLENN T.
Street Address (Do NOT Use P.O. Box Number)
4700 P SHERIDAN STREET
City, State and Zip Code
HOLLYWOOD, FLORIDA 33021

To change the Registered Agent and/or Registered Office a separate statement signed by the new Registered Agent and executed by the President or Vice President of the corporation must be filed with a fee of $3.

8. **See signature restrictions under instructions on reverse side** of this form.

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath.

Typed Name of Signing Officer GLENN T HARRIS	Title President	Telephone Number 987-4430
Signature		Date 2/25/80

DO NOT WRITE IN THIS SPACE
6-30-80

(Form COR 620) Rev. 11/16/79

624941

RECEIVED
DEPT. OF STATE
000403 OCT 15 80

FLORIDA DEPARTMENT OF STATE
George Firestone
Secretary of State
Ron Levitt
Assistant Secretary of State

REVENUE
Telephone Number:
904/488-9840
8367 11/12/80 624941
27 3.00

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

To the Secretary of State of the State of Florida.

Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida**, submits the following statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.**

FIRST: The name of the corporation is CITRUS COUNTY RANCHES, INC.

SECOND: The address of its present registered office is
4700P Sheridan Street, Hollywood, Florida 33021

THIRD: The address to which its registered office is to be changed is
17121 S.W. 54th Street, Ft. Lauderdale, Florida 33314

FOURTH: The name of its present registered agent is Glenn T. Harris

FIFTH: The name of its successor registered agent is Jeffrey Calvert

SIXTH: The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.

SEVENTH: Such change was authorized by resolution duly adopted by its board of directors.

Dated August 26, 19 80

CITRUS COUNTY RANCHES, INC.
(exact corporate name)

SIGNATURE
(President or Vice-President)

FILING FEE: $3.00

DATE September 17, 1980

SIGNATURE
(Registered Agent)

DATE September 17, 1980

CER. 114 Rev. 1-80

FLORIDA-State of the Arts

1991

[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	17121 S.W. 94th St.	Ft. Lauderdale, Fla. [illegible]
[illegible]	D.	17121 S.W. 94th St.	Ft. Lauderdale, FL [illegible]
[illegible]	[illegible]	[illegible]	[illegible], FL [illegible]
[illegible]	Treas.	[illegible]	Pembroke Pines, FL [illegible]

[illegible] 33619

[illegible]

Treasurer

305-[illegible]

DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

CORPORATION ANNUAL REPORT 1982

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of $10 Required — Make Checks Payable To: Secretary of State

624941
CITRUS COUNTY RANCHES, INC.
8080 PASADENA BLVD
PEMBROKE PINES, FL 33024

07/24/1979 59-1974085 05/22/1981

CALVERT, JEFFREY DAVID	VP	17121 SW 54TH ST.	FT. LAUDERDALE,FL
CALVERT, ELEANOR	D	17121 SW 54TH ST.	FT. LAUDERDALE, FL
CALVERT, PHILIP F.	P/S	231 NW 33RD AVE.	GAINESVILLE, FL
SEWELL, THOMAS E.	T	8080 PASDADENA BLVD.	PEMBROKE PINES,FL

Registered Agent Information

CALVERT, JEFFREY
17121 S.W. 54TH ST.
FT. LAUDERDALE, FL 33314

$3.00 additional fee required for Registered **Agent changes.**

Date 1/1/82

DUE DATE ON OR AFTER JANUARY 1 DELINQUENT AFTER JULY 1 OF EACH YEAR

CORPORATION ANNUAL REPORT 1984

FLORIDA DEPARTMENT OF STATE
George Firestone
Secretary of State
DIVISION OF CORPORATIONS

AND FILED
Jan 29 11 23 AM 1984

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of $10 Required — Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office.

624941
CITRUS COUNTY RANCHES, INC.
8080 PASADENA BLVD
PEMBROKE PINES, FL 33924

If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code

2. Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient

Street Address
P.O. Box No.
City
State Zip Code

3. Date Incorporated or Qualified To Do Business in Florida 07/24/1979

4. Federal Employer Identification Number (FEI) 59-1974085

5. Date of Last Report 05/31/1983

6. Names and Street Addresses of Each Officer and Director, as of December 31, 1983

Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
CALVERT, JEFFREY DAVID	P/S/D	Rt. 5 Box 282-A	Dunnellon, Fl.
SEWELL, THOMAS E	T	8080 PASADENA BLVD	PEMBROKE PINES, FL 0

Registered Agent Information

7. Name and Address of Current Registered Agent

CALVERT, JEFFREY
Rt. 5 Box 282-A

Dunnellon, Fl.

8. Name and Address of New Registered Agent

Name
Street Address (Do NOT Use P.O. Box Number)
City, State and Zip Code

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida 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 resolution duly adopted by its board of directors on ____________

SIGNATURE ____________________ DATE ________
(Registered Agent Accepting Appointment)

$3.00 additional fee required for Registered Agent changes.

10. *See signature restrictions under instructions on reverse side of this form*

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S.
I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath.

Signature Thomas E Sewell

Date March 20, 1984

Typed Name of Signing Officer Thomas E. Sewell

Title Treasurer

Telephone Number 305/432-3100

11. *Should you desire a certificate of status check the box below and include an additional $5.00 with your payment*

CERTIFICATE OF STATUS DESIRED ☐
$5 Additional fee required for certificates

COR 620 (1-84)

DUE DATE ON OR AFTER JANUARY 1 DELINQUENT AFTER JULY 1 OF EACH YEAR

CORPORATION ANNUAL REPORT 1985

FLORIDA DEPARTMENT OF STATE
George Firestone
Secretary of State
DIVISION OF CORPORATIONS

◄ **Read Notice and Instructions on Other Side Before Making Entries** ►

Filing Fee of $20 Required — Make Checks Payable To: *Secretary of State*

1. Name and Address of Corporation Principal Office.

624941 9
Citrus County Ranches, Inc
8080 Pasadena Blvd
Pembroke Pines, Fl 33024

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code

2. Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient

Street Address

P.O. Box No. 005 5663 6/21/85 20.00

City 005 5663 6/21/85 20.00

State Zip Code

3. Date Incorporated or Qualified To Do Business in Florida 7/24/1979

4. Federal Employer Identification Number (FEIN) 59-1974085

5. Date of Last Report 3/20/84

6. Names and Street Addresses of Each Officer and Director as of December 31, 1984

Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
Calvert, Jeffrey David	P/D/S	Rt. 5 Box 282-A	Dunnellon, Fl
Sewell, Thomas E	T	8080 Pasadena Blvd	Pembroke Pines, Fl

FILED
1985 JUN 19 PM 1:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Registered Agent Information

7. Name and Address of Current Registered Agent

Calvert, Jeffrey
Rt. 5 Box 282-A
Dunnellon, Fl

8. Name and Address of New Registered Agent

Name

Street Address (Do NOT Use P.O. Box Number)

City, State and Zip Code

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation, organized under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on ____
I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of, Section 607.325 F.S. H. P. 6-19-85

SIGNATURE ____ DATE ____
(Registered Agent Accepting Appointment)

$3.00 additional fee required for Registered Agent changes.

SR

10. *See signature instructions under instructions on reverse side of this form*

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath. (Officer signing must be listed in Block 6).

Signature Thomas E Sewell

Date 6/3/85

Typed Name of Signing Officer Thomas E. Sewell

Title Treasurer

Telephone Number 305-432-3100

11. Should you desire a certificate of status check this box. CERTIFICATE OF STATUS DESIRED ☐

$5 additional fee required for a Certificate of Status

CR2E031 (1-85)

DUE DATE ON OR AFTER JANUARY 1 DELINQUENT AFTER JULY 1 OF EACH YEAR

CORPORATION

ANNUAL REPORT

1986

Secretary of State
[illegible]

◄ Read Notice and Instructions on Other Side Before Making Entries ►

Filing Fee of $20 Required – Make Checks Payable To: Secretary of State

624941 1
CITRUS COUNTY RANCHES, INC.
8080 PASADENA BLVD
PEMBROKE PINES, FL 33924

If above address is incorrect in any way, enter the correct address
[illegible] Include Zip Code

2. Enter Change of Address of Corporation [illegible]

Street Address 2

P. O. Box No. 22

City and State 23

Zip Code 24

Date Incorporated or Qualified To Do Business In Florida 07/24/1979

4. Federal Employer Identification Number (FEIN) 59-1974085

5. Date of Last Report 06/19/1985

[illegible] Addresses of Each Officer and Director as of December 31, 1985

Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
CALVERT, JEFFERY	P/S/D	RT 5 BX 282-A	DUNNELLON, FL 00000
SEWELL, THOMAS E	T	8080 PASADENA BLVD	PEMBROKE PINES, FL 0

REGISTERED AGENT INFORMATION

Name and Address of Current Registered Agent

CALVERT, JEFFERY
RT 5 BX 282-A
DUNNELLON, FL 33924

8. Name and Address of New Registered Agent

Name 81

Street Address (Do NOT Use P.O. Box Number) 82

City and State 83 FL

Zip Code 84

Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, submits [illegible] statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
[illegible] change was authorized by resolution duly adopted by its board of directors on

[illegible] hereby accept the appointment of registered agent. I am familiar with and accept the obligations of Section 607.325 F.S.

SIGNATURE DATE
(Registered Agent Accepting Appointment)

$3.00 additional fee required for Registered Agent changes.

See signature restrictions under instructions on reverse side of this form

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S.
I Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath
(Officer signing must be listed in Block 6)

Signature [illegible]

Date 5-21-86

[illegible]

[illegible] CERTIFICATE OF STATUS DESIRED ☐

$5 Additional Fee required for a Certificate of Status

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1, 1987

APPROVED

CORPORATION ANNUAL REPORT 1987

FLORIDA DEPARTMENT OF STATE
George Firestone
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED
1987 JUN 11 AM 11: 28
FLORIDA DEPT. OF STATE
CORPORATIONS DIVISION
TALLAHASSEE, FLORIDA

◀ Read Notice and Instructions on Other Side Before Making Entries ▶

Filing Fee of $25 Required – Make Checks Payable To: Secretary of State

1 Name and Address of Corporation Principal Office.

624941 1
CITRUS COUNTY RANCHES, INC.
8080 PASADENA BLVD
PEMBROKE PINES, FL 33024

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient

Street Address 21
P.O. Box No. 22
City and State 23
Zip Code 24

3 Date Incorporated or Qualified To Do Business in Florida 07/24/1979	4 Federal Employer Identification Number (FEIN) 59-1974085	5. Date of Last Report 05/29/1986

6 Names and Street Addresses of Each Officer and Director, as of December 31, 1986

Names of Officers and Directors 1	Title 2	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers) 3	City and State 4
CALVERT, ~~JEFFERY~~ JEFFREY D.	V/P/S/D	~~RT 5 BX 282-A~~ 17121 S.W. 54th Street	~~DUNNELLON, FL~~ Ft. Lauderdale FL 00000
SEWELL, THOMAS E	T/D	8080 PASADENA BLVD	PEMBROKE PINES, FL 0

REGISTERED AGENT INFORMATION

7 Name and Address of Current Registered Agent

CALVERT, JEFFERY
~~RT 5 BX 282-A~~ 17121 S.W. 54th Street
~~DUNNELLON, FL 33024~~
Ft. Lauderdale, FL 33331

8. Name and Address of New Registered Agent

Name 81
Street Address 1 (Do NOT Use P.O. Box Number) 82
Street Address 2 (Do NOT Use P.O. Box Number) 83
City and State 84 FL.
Zip Code 85

9 Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on: ______

I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of, Section 607.325 F.S.

SIGNATURE ______ (Registered Agent Accepting Appointment) DATE ______

$3.00 additional fee required for Registered Agent changes

10 *See signature restrictions under instructions on reverse side of this form.*

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S.
I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath.
(Officer signing must be listed in Block 6)

Signature		Date June 3, 1987
Typed Name of Signing Officer Jeffrey D. Calvert	Title President	Telephone Number 305/432-3100

11 Should you desire a certificate of status check the box.
CERTIFICATE OF STATUS DESIRED ☐

$5 Additional Fee required for a Certificate of Status

CR2E004 (1/86)

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1ST.

CORPORATION

ANNUAL REPORT

1988

B-333

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

Filing Fee of $25 Required – Make Checks Payable To Secretary of State

1 Name and Address of Corporation Principal Office

624941
CITRUS COUNTY RANCHES, INC.
8080 PASADENA BLVD
PEMBROKE PINES, FL 33924

If above address is incorrect in any way, write the correct address in item 2. Include Zip Code.

2 Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient.

Street Address 21

P.O. Box No. 22

City and State 23

Zip Code 24

3 Date Incorporated or Qualified To Do Business in Florida 07/24/1979

4 Federal Employer Identification Number (FEIN) 59-1974085

5 Date of Last Report 06/11/1987

6 Names and Street Addresses of Each Officer and Director, as of December 31, 1987

1 Names of Officers and Directors	2 Title	3 Street Address of Each Officer and Director (Do NOT use Post Office Box Numbers)	4 City and State
CALVERT, JEFFREY D.	V/P/D	17121 SW 54TH STREET	FT. LAUDERDALE, FL.
SEWELL, THOMAS B	T/D	8080 PASADENA BLVD	PEMBROKE PINES, FL

REGISTERED AGENT INFORMATION

7 Name and Address of Current Registered Agent

CALVERT, JEFFERY
17121 SW 54TH STREET
FT. LAUDERDALE, FL. 33331

8 Name and Address of New Registered Agent

Name 31

Street Address 1 (Do NOT Use P.O. Box Number) 62

Street Address 2 (Do NOT Use P.O. Box Number) 63

City and State 64 FL

Zip Code 65

9 Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on ____________

I hereby accept the appointment of registered agent. I am familiar with and accept the obligations of Section 607.325 F.S.

SIGNATURE ______________________________ DATE ____________
(Registered Agent Accepting Appointment)

10 If a foreign corporation, date first transacted business in Florida ____________

11 See signature restrictions under instructions on reverse side of this form.

I Certify That I Am An Officer or Director of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S.
I Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath.
(Officer or Director signing must be listed in Block 6)

Signature Jeffrey D. Calvert

Date 6-1-88

Typed Name of Signing Officer or Director

Title President

Telephone Number 305-432-3100

12 [illegible]

CERTIFICATE OF STATUS [illegible]

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1ST

CORPORATION ANNUAL REPORT 1989

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

1989 MAR 13 [illegible] 07
TALLAHASSEE, FLORIDA

Filing Fee of $35 Required — Make Checks Payable To: Secretary of State

1 Name and Address of Corporation Principal Office

ZIP + 4

624941 1
CITRUS COUNTY RANCHES, INC.
8080 PASADENA BLVD
PEMBROKE PINES, FL 33924

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code

2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient

Street Address 21

P.O Box No. 22

City and State 23

Zip Code 24

3 Date Incorporated or Qualified To Do Business in Florida 07/24/1979	4 Federal Employer Identification Number (FEIN) 59-1974085	5 Date of Last Report 06/09/1988

6 Names and Street Addresses of Each Officer and Director, as of December 31, 1988

	1 Title	2 Names of Officers and Directors	3 Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4 City and State
1	V/P/D/S	CALVERT, JEFFREY D.	17121 SW 54TH STREET	FT. LAUDERDALE, FL.
2	T/D	SEWELL, THOMAS E	8080 PASADENA BLVD	PEMBROKE PINES, FL 0
2a				
3				
3a				
4				
4a				
5				
5a				
6				
6a				

REGISTERED AGENT INFORMATION

7 Name and Address of Current Registered Agent

CALVERT, JEFFERY
17121 SW 54TH STREET
FT. LAUDERDALE, FL. 33331

8 Name and Address of New Registered Agent

Name 81

Street Address 1 (Do NOT Use P.O. Box Number) 82

Street Address 2 (Do NOT Use P.O. Box Number) 83

City and State 84 FL.

Zip Code 85

9 Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on

I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of, Section 607.325 F.S.

SIGNATURE ______________________________ DATE __________
(Registered Agent Accepting Appointment)

10 If a foreign corporation, date first transacted business in Florida

11 See signature restrictions under instructions on reverse side of this form.

I Certify That I Am An Officer or Director of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S.
I Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath.
(Officer or Director signing must be listed in Block 6.)

Signature Jeffrey W. Calvert

Date 2-22-89

Typed Name of Signing Officer or Director Jeffrey W. Calvert

Title President

Telephone Number (305) 432-3100

12 Should you desire a certificate of status check the box

CERTIFICATE OF STATUS DESIRED ☐

$5 Additional Fee Required for Certificate of Status

FILE NOW! THIS ANNUAL REPORT WILL BE DELINQUENT AFTER JULY 1ST

CORPORATION

ANNUAL REPORT

1990

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

90 MAY -4 PM 1:09

Filing Fee of $35 Required – Make Checks Payable To: Secretary of State

Name and Address of Corporation Principal Office

624941 1

ZIP + 4 PRESORT

CITRUS COUNTY RANCHES, INC.
8080 PASADENA BLVD
PEMBROKE PINES, FL 33024

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

2. If Address in Block 1 is incorrect in any way, enter the correct address below. P.O. Box number alone is NOT sufficient. The name of the corporation can be changed only by filing an amendment.

Street Address 21

P.O. Box No. 22

City and State 23

Zip Code 24

Date Incorporated or Qualified to Do Business in Florida **07/24/1979**

4. FEI Number **59-1974085**

FEI Number Applied For
FEI Number Not Applicable

Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information.)

Title	Names of Officers and Directors	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
P/V/D/S	**CALVERT, JEFFREY D.**	**17121 SW 54TH STREET**	**FT. LAUDERDALE, FL.**
T/D	**SEWELL, THOMAS E**	**8080 PASADENA BLVD**	**PEMBROKE PINES, FL 0**

REGISTERED AGENT INFORMATION

Name and Address of Current Registered Agent

CALVERT, JEFFERY
17121 SW 54TH STREET
FT. LAUDERDALE, FL. 33331

8. Name and Address of New Registered Agent

Name 81

Street Address 1 (Do NOT Use P.O. Box Numbers) 82

Street Address 2 (Do NOT Use P.O. Box Numbers) 83

City and State 84 FL Zip Code

Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on ____________

I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of, Section 607.325 F.S.

SIGNATURE ______________________ DATE ________
(Registered Agent Accepting Appointment)

I 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; I further certify 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, F.S.

Signature

Date 4-28-90

Typed or Printed Name of Officer or Director
Jeffrey D. Calvert

Title
President

Telephone Number
(305)432-3100

Check if you desire a certificate of status. Check the box.

CERTIFICATE OF STATUS DESIRED

$5 Additional Fee Required for a Certificate of Status

FILE NOW! CORPORATE STATUS WILL BE DELINQUENT AFTER JULY 1ST.

CORPORATION

ANNUAL REPORT

1991

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

DO NOT WRITE IN THIS SPACE

FILING FEE OF $61.25 REQUIRED

1 Name and Mailing Address of Corporation DOCUMENT #624941 (1)

CITRUS COUNTY RANCHES, INC.
8080 PASADENA BLVD
PEMBROKE PINES, FL 33924

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

2. If Address in Block 1 is incorrect in any way, enter the correct address below. P.O. Box is acceptable. The NAME of the corporation can be changed only by filing an amendment.

21 Street Address

22 P.O. Box No.

23 City and State

24 Zip Code

3 Date Incorporated or Qualified To Do Business in Florida 07/24/1979

4 FEI Number 59-1974085

☐ FEI Number Applied For

☐ FEI Number Not Applicable

5 $8.75 [illegible] CERTIFICATE OF STATUS DESIRED

6 Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information.)

	Title 1	Names of Officers and Directors 2	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers) 3	City and State 4
1	P/V/D	CALVERT, JEFFREY D.	17121 SW 54TH STREET	FT. LAUDERDALE, FL.
2	T/D	SEWELL, THOMAS E	8080 PASADENA BLVD	PEMBROKE PINES, FL 0
3				
4				
5				
6				

REGISTERED AGENT INFORMATION

7 Name and Address of Current Registered Agent

CALVERT, JEFFERY
17121 SW 54TH STREET
FT. LAUDERDALE, FL. 33331

8 Name and Address of New Registered Agent

81 Name

82 Street Address 1 (Do NOT Use P.O. Box Number)

83 Street Address 2 (Do NOT Use P.O. Box Number)

84 City FL.

85 Zip Code

9 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 ______
(Registered Agent Accepting Appointment)

10 I 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. I further certify 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 6 or on an attachment with an address.

SIGNATURE Jeffrey D Calvert DATE 2-9-91

Typed Name of Signing Officer or Director: JEFFREY D. CALVERT

Title: President

Telephone Number (Optional): (305) 432-3100

FILING FEE OF $61.25 REQUIRED—Make Checks Payable To: *Secretary of State* $8.75 Additional Fee required for a Certificate of Status

FILE NOW! CORPORATE STATUS WILL BE DELINQUENT AFTER JULY 1ST.

CORPORATION

ANNUAL REPORT

1992

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FEB 25 92

APPROVED
SEC. OF STATE
CORPORATIONS DIV.
TALLAHASSEE, FLA.
FILED

DO NOT WRITE IN THIS SPACE.

FILING FEE [illegible] Make Payable To: S[illegible]

1. Name and Mailing Address of Corporation **DOCUMENT #624941 (1)**

CITRUS COUNTY RANCHES, INC.
8080 PASADENA BLVD
PEMBROKE PINES FL 33024-3537

If above address is incorrect in any way, line through the incorrect information and enter correct address in Block 2

2. If Address in Block 1 is incorrect in any way, line through the incorrect information and enter the correct address below. P.O. Box is acceptable. The NAME of the corporation can be changed only by filing an amendment.

21 Mailing Address

22 P.O. Box No

23 City and State

24 Zip Code

3. Date Incorporated or Qualified To Do Business in Florida **07/24/1979**

3a. Date of Last Report **02/20/1991**	4. FEI Number **59-1974086**	☐ FEI Number Applied For ☐ FEI Number Not Applicable	5. CERTIFICATE OF STATUS DESIRED ☐

6. Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information.)

	Title 1	Names of Officers and Directors 2	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers) 3	City and State 4
1	P/V/D	CALVERT, JEFFREY D.	17121 SW 54TH STREET	FT. LAUDERDALE, FL.
1a				
2	T/D	SEWELL, THOMAS E	8080 PASADENA BLVD	PEMBROKE PINES, FL 0
2a				
3	V.P.	CALVERT JASON	17121 S.W. 54th St	FT. LAUD. FLA 33331
3a				
4				
4a				
5				
5a				
6				

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

CALVERT, JEFFERY
17121 SW 54TH STREET
FT. LAUDERDALE, FL. 33331

8. Name and Address of New Registered Agent

81 Name

82 Street Address 1 (Do NOT Use P.O. Box Number)

83 Street Address 2 (Do NOT Use P.O. Box Number)

84 City FL

85 Zip Code

9. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 ________
(Registered Agent Accepting Appointment)

10. This corporation has liability for intangible tax under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

11. I 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. I further certify 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 or Chapter 617, Florida Statutes, and that my name appears in Block 6 or an attachment with an address.

SIGNATURE Jeffrey Calvert DATE 2-18-92

Typed Name of Signing Officer or Director JEFFREY D. CALVERT	Title PRESIDENT	Telephone Number Contact (305) 434-1394

12. Should you wish to contribute to the Election Campaign Financing Trust Fund, check the box and include an additional $5.00 with the filing fee ☐

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER JULY 28, 1993.
[illegible] $225 (IF DISSOLVED MINIMUM AMOUNT DUE TO REINSTATE $375)

APPROVED
AND
FILED

93 JUN 10 PM 5:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1993

DOCUMENT # 624941 (1)

CITRUS COUNTY RANCHES, INC.
~~8080 PASADENA BLVD~~
~~PEMBROKE PINES FL 33024~~

3. 07/24/1979
3a. 02/25/1992

4. 59-1974085

FILING FEE $225.00
Annual Report $61.25 + $138.75 Corporation Supplemental Fee + $25.00 Late Fee
MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

21 17121 S.W. 54 St
22 Ft LAUDERDALE, FLA
23 33331
24
25

26 ~~8080 PASADENA BLVD~~
27
28 ~~PEMBROKE PINES FL~~
29 ~~33024-3537~~
30

5. $58.75
6. $5.00
7. $138.75

9. Name and Address of Current Registered Agent

CALVERT, JEFFERY
17121 SW 54TH STREET
FT. LAUDERDALE FL 33331

10. Name and Address of New Registered Agent

81
82
83
84
85 FL

13.

P/S/D
CALVERT, JEFFREY D.
17121 SW 54TH STREET
FT. LAUDERDALE FL

~~T/D~~
~~SEWELL, THOMAS E~~
~~8080 PASADENA BLVD~~
~~PEMBROKE PINES, FL 0~~

V/P
CALVERT, JASON
17121 SW 54TH ST
FT LAUDERDALE FL

TREASURER
JEFFREY D CALVERT
17121 S.W. 54 St
FT LAUDERDALE, FLA 33331

SIGNATURE: JEFFREY D. CALVERT 6 6 93 305 434-1514

FILE NOW: FILING FEE AFTER MAY 1 IS $[illegible]

CORPORATION
ANNUAL REPORT
1994

FLORIDA DEPARTMENT OF STATE
[illegible]
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

94 APR 22 AM 11:[illegible]

**SECRETARY OF STAT
TALLAHASSEE, FLORI**

DOCUMENT #
824941 (1)

1. Corporate Name
CITRUS COUNTY RANCHES, INC.

Mailing Address
17121 S.W. 54TH ST.
FT. LAUDERDALE FL 3333[illegible]
US

Principal Place of Business
[illegible] PASADENA BLVD
PEMBROKE PINES FL [illegible]

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/24/1979
3a. Date of Last Report: 08/16/1993
4. FEI Number: 59-1974085
5. Certificate of Status Desired: [redacted] ☐
6. [illegible] ☐
$5.00 May Be Added to Fees
7. [illegible] ☐
8. [illegible] Florida Statutes ☐ Yes ☐ No

2. [illegible] Address
21
22
23
24
25 Country

2a. Principal Place of Business
26 17121 S.W. 54 ST
27 FORT LAUDERDALE FL
City & State
28
29 33331
30 County BROWARD

9. Name and Address of Current Registered Agent

CALVERT, JEFFERY D.
17121 SW 54TH STREET
FT. LAUDERDALE FL 33331

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. [illegible] Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement [illegible] Florida. [illegible] Section 607.0505 or 617.0505, Florida Statutes.

DATE

12. OFFICERS AND DIRECTORS	13. CHANGES TO OFFICERS AND DIRECTORS
P/S/D CALVERT, JEFFREY D. 17121 SW 54TH STREET FT. LAUDERDALE FL	
T CALVERT JEFFREY D. 17121 S.W. 54TH ST. FT. LAUDERDALE FL	
V/P CALVERT, JASON 17121 SW 54TH ST FT LAUDERDALE FL	

14 [illegible] Florida Statutes [illegible] Chapter 607 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, [illegible]

SIGNATURE: JEFFREY D. CALVERT 4-18-94 305 434-1394
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR