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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 630779

71

rincipal Place of Business	Mailing Address
1548 GW CR 760	P O BOX 277
Arcadia FL 34268	NOCATEE FL 34268
JS	US

FILED Apr 27 1998 8:00am Secretary of State

CITRUS	S PRIDE, INC.	(,)		I SATUYA RIYAR DININ ARKU MARKU DANG KAND DRANG KAND	HERF BROKE BYAN BYAN BYEK KEBY	
Principal Plac	e of Business	Mailing Address			HALI OPEN OVEN ELEM OLAH SALI	
2548 SW CR		P O BOX 277				
ARCADIA FL		NOCATEE FL 34288				
US		US		DO NOT WRITE IN TH	IS SPACE	
				3. Date Incorporated or Qualified		
2. Principal F	Pace of Business	2a. Mailing Address		07/25/1979 4. FEI Number		
21	TOO OF DOOR NOOD	26		59-1963575	Applied For Not Applicable	
Suite, Apt.	₩, etc.	Suite, Apt. #, etc.		_	\$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & Stat	6	City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the		
24	25 Same and Address of Curre		30	Personal Property Tax due June 30.	Yes No	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent PROTUCT WALTED 1						
BREWER, WALTER L. RT 7 BOX 537 82 Street Address (P.O. Box Number is Not Acceptable)						
	7 DOX 537 CADIA FL 33821		Address (P.O. Box Number is Not Acceptable)			
^	CADIA FL 33021		83 2	540, CIE, 460		
			1114			
			84 6	CASIN F	85 Zip Code	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statuter	s, the above-named	corporation submits this statement for the purpose	of changing its registered	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida 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		gations of, doctor, our loose, that	iou ciarcios.			
	Signature, typed or printed name of registered as		Registered Agent signature			
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PD HAVE O	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition	
NAME	BREWER, JAMES D RT7 BOX 537		1.2 NAME	2548 SW CR.760		
STREET ADDRESS	ARCADIA, FL 33821		a :	1000 de El 2121		
CITY-\$7-ZIP TITLE	SD	DELETE	1.4 City-St-ZIP 2.1 Title	ARCadia, F134266	Change Addition	
NAME	BREWER, WLATER L.	C. Steel	2.2 NAME		El cusulos El vocation	
STREET ADDRESS	RT 7 BOX 537		2.3 STREET ADDRESS	2548 S.W. CR.760		
CITY-ST-ZIP	ARCADIA FL			ARCadia, Fl 34266		
TITLE	TD	☐ DELEYE	3.1 TITLE	The state of the s	Change Addition	
NAME	BREWER, ROBERT C.	•	3.2 NAME			
STREET ADDRESS	RT 7 BOX 537			2548 S.W. CR 760		
CITY-ST-ZIP	ARCADIA FL		3 4. CITY-ST-ZIP	ARCadia, F1 34266		
TITLE		DELETE	4.1 TITLE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Change ☐ Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-24P			5.4 CITY-ST-ZIP		·	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME			62 NAME			
STREET ADDRESS			63 STREET ADDRESS			
CITY-ST-ZIP			64 CITY-ST-ZIP	7		

ation 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 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 ation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in