

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

FILED

Apr 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **680501**

(4)

1. Corporation Name

DAVIS CITRUS MANAGEMENT, INC.



Principal Place of Business 234 S 6 AVE WAUCHULA FL 33873 US	Mailing Address P.O. BOX 1149 WAUCHULA FL 33873-1149 US
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2. Principal Place of Business 21 2306 US 27 South Suite, Apt. #, etc.		2a. Mailing Address 26 2306 US 27 South Suite, Apt. #, etc.		3. Date Incorporated or Qualified 07/31/1980	3a. Date of Last Report 05/01/1996
22 City & State 23 Avon Park, FL		27 City & State 28 Avon Park, FL		4. FEI Number 59-2030935	Applied For <input type="checkbox"/> Not Applicable
24 Zip 33825		29 Zip 33825		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Country		Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
25		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent DAVIS JR., JOE L. 234 S 6TH AVE WAUCHULA FL 33873				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable) 2306 US 27 South	
83				84 City Avon Park, FL	
85 Zip Code 33825					

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

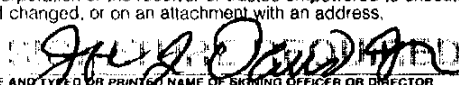
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD DAVIS JR., JOE L.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	N.E. MANLEY ROAD	1.2 NAME	
STREET ADDRESS	WAUCHULA FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	STD DAVIS, GLORIA C.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	N.E. MANLEY ROAD	2.2 NAME	
STREET ADDRESS	WAUCHULA FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/97

941-458-7777

CR2E034 (9/96)