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PROFIT-CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1. Corporation	MENT # 680501 ITRUS MANAGEMENT, INC.							
Principal Place	e of Business	Mailing Address			I ISONO BIIST ISIN SSIDT SITT OF TOTAL	15 0 1 0 1011 01011	#IMIN BINKI DI	JI+ 87871 1881
2306 US 27 SO		2306 US 27 SOUTH						
AVON PARK FL 33825 AVON PARK FL 33825					DO NOT WRITE	IN THIS SI	DACE	
US		U\$				IN TRIO OF	ACE	
		·			3. Date Incorporated or Qualifed 07/31/1980			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number			lied For
21 .		26		~	59-2030935	<u></u>	<u>. 1:</u>	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75 Ad Fee Req	
22		27						
City & State	e	City & State					\$5.00 N Added to	
23		28	Causta		Trust Fund Contribution			rees
Zip	Country	Zip .	Country		This corporation owes the current Personal Property Tax.			□No
24	25	29 30	<u> </u>		10. Name and Address of New Reg			
	9. Name and Address of Curren	r Registered Agent	81	Name		,	<u></u>	
DAVI	S JR., JOE L.		<u> </u>					
2306 US 27 SOUTH			82	Street Addr	ress (P.O. Box Number is Not Acceptable	3)		
AVON PARK FL 33825			83					
				<u> </u>				• •
	•		84	City		FL	85 Zip C	ode
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was auricions of, Section 607.0505, Florida	a Statutes	ine corporation.	oration submits this statement for the pu on's board of directors. I hereby accept t ad when reinstating)	he appoint	nent as reg	istered
12.	Signature, typed or printed name of registered egen		13.	nt signature require	ADDITIONS/CHANGES TO OFFIC		DIRECTOR	RS IN 12
TITLE	011100101111011111111111111111111111111		1.1 TITLE				Change	☐ Addition
NAME			1.2 NAME					
			•	TADDRESS				1
STREET ADDRESS	THE PARTY OF THE P		1.4 CITY-S	ļ				\
City-St-Zip Title			2.1 TITLE	,1-2,			Change	Addition
NAME			2.2 NAME					
				TADDRESS				
STREET ADDRESS CITY-ST-ZIP	Taraba (Maria A. Para)		2. 4 CITY-5			× +-		
TITLE		☐ DELETE	3.1 TITLE				Change	☐ Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREE	TADORESS				
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP				
TITLE	-	☐ DELETE	4.1 TITLE			1	Change	☐ Addition
NAME	•		4.2 NAME					}
STREET ADDRESS			4.3 STREE	T ADDRESS				ļ
CITY-ST-ZIP	•		4.4 CITY-S	ST-ZIP				
TITLE			5.1 TITLE			: 1	Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	TADDRESS			•	ļ
CITY-ST-ZIP			5.4 CITY- S	ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE				Change	Addition
NAME	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		6.2 NAME					Ì

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, with all other like empowered.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP.