

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **686984** (6)

1. Corporation Name

STEPHENS CITRUS INC.



Principal Place of Business

**1811 NORTH J TERR
LAKE WORTH FL 33460**

Mailing Address

**1811 NORTH J TERR
LAKE WORTH FL 33460**

3. Date Incorporated or Qualified

09/09/1980

3a. Date of Last Report

02/24/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

37-1089545

Applied For

Not Applicable

22

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

24

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TAYLOR, DORTHY PEARCE
1811 NORTH J TERR
33460**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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 ☐ DELETE

NAME **PD. STEPHENS, COURTNEY P.**

STREET ADDRESS **RR 2**

CITY-ST-ZIP **BOWEN IL**

TITLE ☐ DELETE

NAME **STD STEPHENS, MARGARET L.**

STREET ADDRESS **RR 2**

CITY-ST-ZIP **BOWEN IL**

TITLE ☐ DELETE

NAME **VD STEPHENS, DAVID P.**

STREET ADDRESS **601 ALBERS ST**

CITY-ST-ZIP **GOLDEN IL**

TITLE ☐ DELETE

NAME **VD STEPHENS, PAUL A.**

STREET ADDRESS **1021 30TH ST.**

CITY-ST-ZIP **PERU IL**

TITLE ☐ DELETE

NAME **D STEPHENS, BETH L.**

STREET ADDRESS **601 ALBERS ST**

CITY-ST-ZIP **GOLDEN IL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Courtney P. Stephens* Courtney P. Stephens, Pres. 01/17/96 217-842-5575

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)