

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 686984

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

TAYLOR, DOROTHY 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

10. Name and Address of New Registered Agent

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	<input type="checkbox"/> DELETE	1.1 TITLE
NAME	STEPHENS, COURTNEY P.		1.2 NAME
STREET ADDRESS	RR 2		1.3 STREET ADDRESS
CITY-ST-ZIP	BOWEN IL		1.4 CITY-ST-ZIP
TITLE	STD	<input type="checkbox"/> DELETE	2.1 TITLE
NAME	STEPHENS, MARGARET L.		2.2 NAME
STREET ADDRESS	RR 2		2.3 STREET ADDRESS
CITY-ST-ZIP	BOWEN IL		2.4 CITY-ST-ZIP
TITLE	VD	<input type="checkbox"/> DELETE	3.1 TITLE
NAME	STEPHENS, DAVID P.		3.2 NAME
STREET ADDRESS	RR 2 BOX 30		3.3 STREET ADDRESS
CITY-ST-ZIP	GOLDEN IL		3.4 CITY-ST-ZIP
TITLE	VD	<input type="checkbox"/> DELETE	4.1 TITLE
NAME	STEPHENS, PAUL A.		4.2 NAME
STREET ADDRESS	1021 30TH ST.		4.3 STREET ADDRESS
CITY-ST-ZIP	PERU IL		4.4 CITY-ST-ZIP
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE
NAME	STEPHENS, BETH L.		5.2 NAME
STREET ADDRESS	RR 2 BOX 30		5.3 STREET ADDRESS
CITY-ST-ZIP	BOWEN IL 62316		5.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			6.4 CITY-ST-ZIP

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.

SIGNATURE: *Courtney Stephens* **SIGNATURE REQUIRED** Stephens, Pres. 01/19/99 217-842-5575

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/19/98)