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 # **825419** **(5)**

1. Corporation Name

CITRUS EQUIPMENT CORPORATION

Principal Place of Business	Mailing Address
600 N BARRANCA PO BOX 1170 COVINA CA 91722	600 N BARRANCA PO BOX 1170 COVINA CA 91722

3. Date Incorporated or Qualified: **11/25/1970**

3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: **95-2270280** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VDS	☐ DELETE	1.1 TITLE	P D	☒ Change ☐ Addition
NAME	ALEXANDER, S R		1.2 NAME	Scott R. Alexander	
STREET ADDRESS	633 NORTH BARRANCA AVE		1.3 STREET ADDRESS	633 N. Barranca Ave.	
CITY-ST-ZIP	COVINA, CA 00000		1.4 CITY-ST-ZIP	Covina, CA 91722	
TITLE	ST	☐ DELETE	2.1 TITLE	S T	☒ Change ☐ Addition
NAME	LUND, V D		2.2 NAME	Veryly D. Lund	
STREET ADDRESS	633 NORTH BARRANCA AVE		2.3 STREET ADDRESS	333 Ave. "M" N.W.	
CITY-ST-ZIP	COVINA, CA 00000		2.4 CITY-ST-ZIP	Winter Haven, FL 33881	
TITLE	PD	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ALEXANDER, L B		3.2 NAME		
STREET ADDRESS	633 NORTH BARRANCA AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	COVINA, CA 00000		3.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	CLARK, R B		4.2 NAME	R B Clark	
STREET ADDRESS	633 NORTH BARRANCA AVE		4.3 STREET ADDRESS	633 N. Barranca Ave.	
CITY-ST-ZIP	COVINA, CA 00000		4.4 CITY-ST-ZIP	Covina, CA 91722	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ 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 is voluntarily furnished and 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: Veryly D. Lund — 4-30-96 — (818) 966-8361

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)