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PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #

F68874

THE FULLER CITRUS NURSERY CORPORATION OF WINTER HAVEN

Principal Place of Rusiness

Mailino Addrage



1010 LAKE OTIS DR. NORTH WINTER HAVEN FL 33880			1010 LAKE OTIS DR. NORTH WINTER HAVEN FL 33880							
							3. Date Incorporated or Qualified 02/26/1982	3a. Dai	te of Last 02/03	t Report <b>/1995</b>
2. Principal Plac	ce of Business	2a	. Mailing Address				4. FEI Number			Applied For
21		26					59-2186644			Not Applicable
Suite, Apt. #,	, etc.	27	Suite, Apt. #, etc.				5. Certificate of Status Desired			75 Additional ee Required
City & State		28	City & State				Election Campaign Financing     Trust Fund Contribution			.00 May Be Ided to Fees
Ζιρ <b>24</b>	Country 25	29	Zip	30	untry	,	8. This corporation has liability for in Florida Statutes X Yes	intangible i No	tax under	s 199.032,
	9. Name and Address of Current	Regis	stered Agent			•	10. Name and Address of New R	egistered	Agent	
					81	Name				
BICE, R 1010 LA	i otis ake otis drive North				82	Street Addr	ress (P.O. Box Number is Not Acceptab	le)		
WINTER	R HAVEN FL				83					
					84			FI	_   1	Zip Code
or registered familiar with SIGNATURE	d agent, or both, in the State of Florid , and accept the obligations of, Section	a Suct or 607.	h change was authoriz .0505, Florida Statutes	ed by the s.	corp	ooration's boa	ration submits this statement for the pur rd of directors. Thereby accept the appo	pose or cr pintment a	ianging ii is register	red agent. Lam
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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.

P.O. C. P.O. BILL SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/96 941-214-4763