

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 10, 1994.**  
**AMOUNT DUE ON CSR BEFORE 8/10/94: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**APPROVED  
AND  
FILED**

94 JUN 21 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
ANNUAL REPORT  
1994**



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F9200000849 (1)**

1. Corporation Name  
**BOWEN CITRUS PROCESSORS, INC.**

Mailing Address  
**305 AVENUE E. S.W.  
WINTER HAVEN FL 33880**

Principal Place of Business  
**305 AVENUE E. S.W.  
WINTER HAVEN FL 33880**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>12/23/1992</b>	3a. Date of Last Report <b>04/01/1993</b>
4. FEI Number <b>59-9155429</b>	Applied For Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <b>\$8.75 Additional Fee Required</b> <input type="checkbox"/>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

If above addresses are incorrect in any way, line through incorrect information and enter correction below

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

9. Name and Address of Current Registered Agent <b>THE PRENTICE HALL CORPORATION SYSTEM, INC. 110 NORTH MAGNOLIA STREET TALLAHASSEE FL 32301</b>	10. Name and Address of Now Registered Agent 81 Name <b>THE PRENTICE-HALL CORPORATION SYSTEM, INC.</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>1201 HAYES STREET</b> 83 <b>SUITE 105</b> 84 City <b>TALLAHASSEE</b> FL 85 Zip Code <b>32301</b>
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 607.0503 or 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_  
Signature must be printed name of registered agent and file if applicable. 82-85 Registered Agent signature required when applicable.

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 1994	
11 TITLE <b>C/O/P</b>	12 NAME <b>SHUFORD JAMES E</b>	11 TITLE	12 NAME
13 STREET ADDRESS <b>305 AVENUE E, SW</b>	14 CITY ST ZIP <b>WINTER HAVEN FL 33880</b>	13 STREET ADDRESS	14 CITY ST ZIP
21 TITLE <b>A/S/T</b>	22 NAME <b>SHUFORD JAMES E</b>	21 TITLE	22 NAME
23 STREET ADDRESS <b>305 AVENUE E, SW</b>	24 CITY ST ZIP <b>WINTER HAVEN FL 33880</b>	23 STREET ADDRESS	24 CITY ST ZIP
31 TITLE <b>V/C/D</b>	32 NAME <b>SHUFORD ARLENE B</b>	31 TITLE	32 NAME
33 STREET ADDRESS <b>305 AVENUE E, SW</b>	34 CITY ST ZIP <b>WINTER HAVEN FL 33880</b>	33 STREET ADDRESS	34 CITY ST ZIP
41 TITLE <b>V/S/T</b>	42 NAME <b>SHUFORD ARLENE B</b>	41 TITLE	42 NAME
43 STREET ADDRESS <b>305 AVENUE E, SW</b>	44 CITY ST ZIP <b>WINTER HAVEN FL 33880</b>	43 STREET ADDRESS	44 CITY ST ZIP
51 TITLE	52 NAME	51 TITLE	52 NAME
53 STREET ADDRESS	54 CITY ST ZIP	53 STREET ADDRESS	54 CITY ST ZIP
61 TITLE	62 NAME	61 TITLE	62 NAME
63 STREET ADDRESS	64 CITY ST ZIP	63 STREET ADDRESS	64 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 119.02, 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 or Chapter 617, Florida Statutes, and that my name appears on the 8, 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *James E Shuford* *Arlene Shuford* *6/17/94*  
SIGNATURE AND TITLE OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR