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Mailing Address

PROFIT
CORPORATION
ANNUAL REPORT

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

FILED

Feb 11 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1997

DOCUMENT # F9300000985 (2)

CITRUS MANAGEMENT, INC. OF PALM BEACH COUNTY

P.O. BOX 810 P.O. BOX 810 LOXAHATCHEE FL 33470-0610 LOXAHATCHEE FL 33470-0810 3. Date Incorporated or Qualified 3a. Date of Last Report 02/23/1993 03/05/1996 4. FEI Number 2. Principal Place of Business Mailing Address Applied For 74-1559142 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζip Country Country Zip This corporation has liability for intangible tax under s. 199.032, Yes No 24 29 30 Florida Statutes 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HEWITT, WALLACE R 4001 SEMINOLE PRATT WHITNEY RD **B2** Street Address (P.O. Box Number is Not Acceptable) LOXAHATCHEE FL 33470 **B3** 84 City Zip Code 65 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 little if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13 DELETE Change Addition TITLE 1.1 TITLE CALLERY, JAMES NAME **1.2 NAME** 27 RIVER DRIVE 1.3 STREET ADDRESS STREET ADDRESS **TEQUESTA FL 33469** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE CALLERY, CHARLES NAME 2.2 NAME 1001 FANNIN ST., SUITE 4652 STREET ADORESS 2.3 STREET ADDRESS **HOUSTON TX 77002** CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change ☐ Addition 3.1 TITLE TITLE MCLANAHAN, A.K. NAME 3.2 NAME 1507 KIRBY STREET STREET ADDRESS 3.3 STREET ADDRESS **HOUSTON TX 77019** CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE Change Addition TOTLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIE 4.4 CITY - ST - 7IP DELETE ☐ Change ■ Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADORESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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 materistee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

14. I do 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

SIGNATURE:

I am an officer or director o appears in Block 12 or Block