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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # G28720 (2)

**1. Corporation Name
L & F CITRUS, INC.**

Principal Place of Business

**4900 DUNDEE RD
WINTER HAVEN FL 33884
US**

Mailing Address

**P O DRAWER 2209
WINTER HAVEN FL 33883
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 03/21/1983 **3a. Date of Last Report 04/15/1994**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

59-2410157

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

23 Zip

25 Country

28 Zip

30 Country

**6. Election Campaign Financing
Trust Fund Contribution**

**\$5.00 May Be
Added to Fees**

24

25

29

30

**6. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes** Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LANIER, B. L.
4900 DUNDEE RD
WINTER HAVEN FL 33884**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**TITLE SDI
NAME FEAGIN, LEON O
STREET ADDRESS 450 4TH ST EAST
CITY-ST-ZIP WINTER HAVEN, FL 00000**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

**TITLE PD
NAME LANIER, B. L.
STREET ADDRESS 4900 DUNDEE RD
CITY-ST-ZIP WINTER HAVEN FL**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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)(k), 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:

B. L. LANIER
SIGNATURE AND TYPED OR PRINTED NAME OF BOILING OFFICER OR DIRECTOR

B. L. LANIER

4/14/95

(813) 324-4590