FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 27 AM 7:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G47511** **(2)**

1. Corporation Name

BULLARD CITRUS CARETAKING, INC.

Principal Place of Business	Mailing Address
1 PLATT ROAD P.O. BOX 386 FROSTPROOF FL 33843	1 PLATT ROAD P.O. BOX 386 FROSTPROOF FL 33843

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/06/1983
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business	2a. Mailing Address
21 2 Platt Road	26 2 Platt Road
Suite, Apt. #, etc. 22 P. O. Box 386	Suite, Apt. #, etc. 27 P. O. Box 386
City & State 23 Frostproof, Fla.	City & State 28 Frostproof, Fla.
Zip / Country 24 33843 / 25 Polk	Zip / Country 29 33843 / 30 Polk

4. FEI Number: 59-2307528 ☐ 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

BULLARD, RUTH P.
1 PLATT ROAD DECEASED
FROSTPROOF FL 33843

10. Name and Address of New Registered Agent

81 Name: Merle J. Bullard Jr.
82 Street Address (P.O. Box Number is Not Acceptable): 2 Platt Road
83: P. O. Box 386
84 City: Frostproof **FL** 85 Zip Code: 33843

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: Merle Bullard Jr. — Merle Bullard Jr. DPST — April 20, 1995
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE	DPST	☒ Change ☐ Addition
NAME	BULLARD, RUTH P DECEASED	1.2 NAME	Merle J. Bullard Jr.	
STREET ADDRESS	1 PLATT RD	1.3 STREET ADDRESS	2 Platt Road	
CITY-ST-ZIP	FROSTPROOF, FL 00000	1.4 CITY-ST-ZIP	Frostproof, Fla. 33843	
TITLE		2.1 TITLE		☐ Change ☐ Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2.4 CITY-ST-ZIP		
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		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: Merle Bullard Jr. — Merle Bullard Jr. — April 20, 1995 — 813-638-2439
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0449301 FP