

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **G47511 (2)**

1. Corporation Name

**BULLARD CITRUS CARETAKING, INC.**



Principal Place of Business

**2 PLATT ROAD  
P.O. BOX 386  
FROSTPROOF FL 33843  
US**

Mailing Address

**2 PLATT ROAD  
P.O. BOX 386  
FROSTPROOF FL 33843  
US**

3. Date Incorporated or Qualified  
**07/06/1983**

3a. Date of Last Report  
**04/27/1995**

2. Principal Place of Business

2a. Mailing Address

21 **2 Platt Road**  
Suite, Apt. #, etc.

26 **2 Platt Road**  
Suite, Apt. #, etc.

22 **P. O. Box 386**  
City & State

27 **P. O. Box 386**  
City & State

23 **Frostproof, Fla.**  
Zip

28 **Frostproof, Fla.**  
Zip

24 **33843**

25 **Polk**

29 **33843**

30 **Polk**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BULLARD, MERLE J. J  
2 PLATT RD  
PO BOX 386  
FROSTPROOF FL 33843**

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

**Merle J. Bullard Jr. DPV**

**January 29, 1996**

(Signature typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>DPST</b>	<input type="checkbox"/> DELETE
NAME	<b>BULLARD, MERLE J. J</b>	
STREET ADDRESS	<b>2 PLATT RD</b>	
CITY - ST - ZIP	<b>FROSTPROOF, FL 00000</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>DPV</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Merle J. Bullard Jr.</b>	
1.3 STREET ADDRESS	<b>2 Platt Road</b>	
1.4 CITY - ST - ZIP	<b>Frostproof, Fla 33843</b>	
2.1 TITLE	<b>ST</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Lee Ann Bullard</b>	
2.3 STREET ADDRESS	<b>2 Platt Road</b>	
2.4 CITY - ST - ZIP	<b>Frostproof, Fla. 33843</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Merle J. Bullard Jr.*

**Merle J. Bullard Jr.**

**January 29, 1996**

**941 -635-7090**

(Signature and typed or printed name of signing officer or director)

Date

Daytime Phone #

CR2E034 (12/95)