

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 14 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **G59179**

(3)

1. Corporation Name  
**INDIAN HARBOR CITRUS, INC.**

Principal Place of Business

**18 FISHERMAN'S WHARF  
PO BOX 609  
FT PIERCE FL 34954-609  
US**

Mailing Address

**18 FISHERMAN'S WHARF  
PO BOX 609  
FT PIERCE FL 34954-0609  
US**



3. Date Incorporated or Qualified

**09/13/1983**

3a. Date of Last Report

**02/26/1996**

4. FEI Number

**59-0250540**

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

**GATES, PHILIP C., JR.  
711 S. INDIAN RIVER DR.  
FT PIERCE FL 34982**

10. Name and Address of New Registered Agent

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 of Registered Agent required when reinstating)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GATES, PHILIP C	
STREET ADDRESS	2323 S INDIAN RIVER DR	
CITY - ST - ZIP	FT PIERCE, FL 00000	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	GATES, PHILIP C., JR	
STREET ADDRESS	711 S INDIAN RIVER DR	
CITY - ST - ZIP	FT PIERCE, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GATES, BARBARA G.	
STREET ADDRESS	2323 S INDIAN RIVER DR	
CITY - ST - ZIP	FT PIERCE, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GATES JR., CHARLES B.	
STREET ADDRESS	807 CEDAR ROAD	
CITY - ST - ZIP	CHARLESTON WV	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GATES, DAVID S.	
STREET ADDRESS	4606 SEMINOLE ROAD	
CITY - ST - ZIP	FT. PIERCE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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 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 in an attachment with an address.

SIGNATURE:

*Philip C. Gates*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PHILIP C. GATES

PRESIDENT

01/06/97

Date

561-461-8600

Daytime Phone

CR2E034 (9/96)