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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G71437

(9)

HANCOCK CITRUS, INC.

		· · · · · · · · · · · · · · · · · · ·		·								
Principal Place of Business Mailing Address						1 14 11111	1011 10001 111	*** ***** ***** 101		imit bidit deffer e	UFF11 1001	
1815 NE LAKEV SEBRING FL 33 US		PO BOX 992 SEBRING FL 33871-0992										
03		00								ate of Last R 29/1996	e of Last Report 9/1996	
2. Principal Pl	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number					plied For	
21		26	26			59-2344732				No	Not Applicable	
Suite, Apt.	#. etc.	Suite, Apt #, etc.				5. Certifica	ate of Stat	us Desired		\$8.75		
22		27								Fee Re	· · · · · · · · · · · · · · · · · · ·	
Jity & State	Ø	City & State	28					n Financing		\$5.00		
Zip	Country	Cou	ntru			und Contri	nas liability fo		Added			
₹ ^{E.P}	25	Ζφ 29	30	,			rporation r Statutes		Yes [. 189.032,	
J	9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent					
HAN	COCK, JONATHAN H.			B1 Name	TAI	160	LANG	Cock				
	NE LAKEVIEW DR		}	82 Street			Number is	NovAccent	able)	·····		
SEBA	RING FL 33870			Circor	181	3 1	<u> </u>	Lekeye	w Br			
				83	Seb	C. 100	EI	83	270			
			·	84 City	460	·		<u>ر رـ</u>	0 1	85 Zip (Code	
			i						FL	.		
11. Pursuant	to the provisions (I)Sections 607.0 registered agent prooth, in the Sta m familiar with and accept the ob	502 and 607.1508, Florida Statu	utes, the at	ove-named	d corpor	ration submit	ts this state	ement for the	purpose o	f changing if	ts registered	
agent La	m familiar with diaccept the ob	ligations of Section 607,0505, F	Florida Stati	utes.	ipolatio	ira board or	uncolors.	1 Holoby acc		-	10gibiciou	
SIGNATURE.	Non-	J.NED HAMO	ocal						215/4	7		
				Agent signatur	beniupen ar	when reinstating		GES TO OFF	DATE	2 DIDECTOE	OC IN 10	
12. TITLE	DP OFFICERS 7	AND DIRECTORS DELETE	13. 1,1 TiT	' E	T	ADDITIO	Naturan	GES TO OFF	ICERS AIVI	Change	Addition	
NAME	HANCOCK, J. NED	tan Discort	1.2 NA							C. C. C. C.		
STREET ADDRESS	1815 NE LAKEVIEW DR.		ı	reet address	,							
CITY-ST-7IP	SEBRING FL		1	TY-ST-ZIP								
TITLE	DS	DELETE	2.170		1					Change	Addition	
NAME	HANCOCK, TAMMY J.		2.2 NA	ME								
STREET ADDRESS	1815 NE LAKEVIEW DR.		2.3 \$T	REET ADDRESS								
CITY - S1 - ZIP	SEBRING FL		2.4 CI	TY - ST - ZIP						_		
TITLE		DELETE	3.1 717	LE						Change	Addition	
NAME			3 2 NA	ME								
STREET ADDRESS			3.3 ST	REET ADDRESS								
CITY - ST - ZIP	\$ \$1.444		3.4. Cf	TY-ST-ZIP							····	
TITLE		DELETE	4.1 Til	LE						Change	Addition	
NAME (4. 2 N/		1							
STREET ADDRESS			1	reet address								
CITY-ST-7/P		DELETE		(Y - ST - Z#P					,	Change	Addition	
TITLE		☐ ptreit	5.1 711							FIII CHANGE	☐ Vagition	
NAME			5.2 NA									
STREET ADDRESS				REET ADDRESS	1							
CITY-ST-ZIP TITLE	<u> </u>	☐ DELETE	6.1 TI	TY - ST - ZIP TLE	-					Change	Addition	
NAME		Second and the second second	6.2 NA									
STREET ADDRESS				REET ADDRESS								
CHTY-ST-ZIF				TY - ST - ZIP								
	by certify that the information supp	lied with this filing does not qua	***		stated in	n Section 11	9.07(3)(i),	Florida Statu	tes I furthe	r certify that	the	
informatio	by certify that the information support indicated on this annual copolic theory or director of the composition in Block 12 or Block 13 it the inged	or supplemental annual report is	true and a	ccurate an	id that m	ny signature as required b	shall have ov Chante	the same leg r 607. Florida	gal effect a Statutes:	s if made un	der oath; that name	
appears i	in Block 12 or Block 13 if an nged	, or on an attachment with an ac	ddress.				.,					

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

215197

941-385-3250

FILED

Feb 11 1997 8:00am

Secretary of State

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