


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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90163 047 ***150.00

0120766

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G77339

1. Corporation Name
CITRUS TRUCKING COMPANY

Principal Place of Business 1626 90TH AVENUE P.O. BOX 370 VERO BEACH FL 32961	Mailing Address 1626 90TH AVENUE P.O. BOX 370 VERO BEACH FL 32961
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/05/1984

4. FEI Number

59-2354406

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 owes the current year Intangible

Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

LUTHER, JOHN M
1626 90TH AVENUE
VERO BEACH FL 32966

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	RICHARDSON, DANFORTH K.	
STREET ADDRESS	1855-28TH AVENUE	
CITY-ST-ZIP	VERO BEACH FL	

TITLE	ST	<input type="checkbox"/> DELETE
NAME	PEREZ, TOMAS RENE	
STREET ADDRESS	2019 CORTEZ AVENUE	
CITY-ST-ZIP	VERO BEACH FL	

TITLE	STD	<input type="checkbox"/> DELETE
NAME	HOPKINS, SUSAN R.	
STREET ADDRESS	1580 GRACEWOOD LN.	
CITY-ST-ZIP	VERO BEACH FL 32963	

TITLE	D	<input type="checkbox"/> DELETE
NAME	RICHARDSON, MARJORIE H.	
STREET ADDRESS	1855 28TH AVE.	
CITY-ST-ZIP	VERO BEACH FL	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LUTHER, JOHN M	
STREET ADDRESS	555 S A1A	
CITY-ST-ZIP	VERO BEACH FL	

TITLE	ASD	<input type="checkbox"/> DELETE
NAME	LUTHER, NANCY R	
STREET ADDRESS	555 S A1A HIGHWAY	
CITY-ST-ZIP	VERO BEACH FL	

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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

4/26/99 761-767-1151
EXT 333