

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
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DOCUMENT # **H41981** (2)

1. Corporation Name
CITRUS & CHEMICAL PROPERTIES, INC.



Principal Place of Business C/O GEORGE W. HARRIS, JR./ P.O. BOX 90 600 NORTH BROADWAY AVENUE BARTOW FL 33830-7090	Mailing Address C/O GEORGE W. HARRIS, JR./ P.O. BOX 90 600 NORTH BROADWAY AVENUE BARTOW FL 33830-7090
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3. Date Incorporated or Qualified 01/16/1985	3a. Date of Last Report 02/07/1995
4. FEI Number 59-2523656	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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9. Name and Address of Current Registered Agent

**HARRIS, GEORGE W. JR.
600 NORTH BROADWAY AVENUE
BARTOW FL 33830**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HARRIS, GEORGE W. JR.	
STREET ADDRESS	600 N. BROADWAY AVE.	
CITY-STATE-ZIP	BARTOW FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SMALL, DOUGLAS G.	
STREET ADDRESS	114 NORTH TENNESSEE AVENUE	
CITY-STATE-ZIP	LAKELAND FL 33801	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	BUSING, RICHARD	
STREET ADDRESS	600 N. BROADWAY AVE.	
CITY-STATE-ZIP	BARTOW FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MURRAY, ROBERT P.	
STREET ADDRESS	92 LAKE WIRE DR.	
CITY-STATE-ZIP	LAKELAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STOKES, ROBERT G.	
STREET ADDRESS	1655 OLD LAKE WALES RD.	
CITY-STATE-ZIP	BARTOW FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STRANG, CARL J JR.	
STREET ADDRESS	1050 LAKE OTHIS DRIVE WEST	
CITY-STATE-ZIP	WINTER HAVEN FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George W. Harris, Jr. President

1/18/96

Date

941/533-3171

Daytime Phone #

941/519-2101

CR2E034 (12/95)

\$ dep. by bank

3-18-96