

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H42290**

(7)

1. Corporation Name

FRANKLIN CITRUS, INC.

Principal Place of Business

**RR 2, BOX 99, SHAW RD
ZOLFO SPRINGS FL 33890**

Mailing Address

**RR 2, BOX 99, SHAW RD
ZOLFO SPRINGS FL 33890**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/12/1985	3a. Date of Last Report 03/13/1996
4. FEI Number 22-1514370	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 115 SHAW RD.	26 15 OLD STAGE TRL
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State ZOLFO SPRINGS FL.	28 City & State LAKE WYLIE S.C.
24 Zip 33890	29 Zip 29710
Country USA	Country USA

9. Name and Address of Current Registered Agent

**VEITH, HAROLD 115
RT-2, BOX 99 SHAW ROAD
ZOLFO SPRINGS FL 33890**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Numbers Not Acceptable) 115 SHAW RD.
83
84 City ZOLFO SPRINGS
85 Zip Code FL 33890

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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	115 SHAW RD.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	115 SHAW RD.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	400002257054--9
CITY-ST-ZIP		3.4 CITY-ST-ZIP	-08/04/97--01155--020
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	****165.00 ****165.00
NAME		4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address.

SIGNATURE: **HAROLD C. VEITH**

7/23/97 941-773-9869

FILED

97 JUL 29 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E034 (4/97)

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REPLY MESSAGE

FORM NO. PK100R-3

AVAILABLE FROM
BUSINESS ENVELOPE MANUFACTURERS, INC.
DEER PARK, N.Y. • ANAHEIM, CALIF.

TO

Fl. Dept of State

CITRUS
FRANKLIN GROVES INC.
RT 2 BOX 99 115 Shaw Rd.
ZOLFO SPRINGS, FL 33890
813-773-9896

SUBJECT:

DATE: *7/23/97*

FOLD

*We never received the first form
Spoke to Doug in your office said to complete
the 2nd notice and enclose check for \$165
Thank you for your consideration*

PLEASE REPLY TO ►

SIGNED:

W. V. Keck

DATE:

SIGNED:

DETACH YELLOW COPY — SEND WHITE AND PINK COPIES WITH CARBONS INTACT



FORM NO. PK100R-3

AVAILABLE FROM BUSINESS ENVELOPE MANUFACTURERS, INC. • DEER PARK, N.Y. • ANAHEIM, CALIF.

THIS COPY FOR PERSON ADDRESSED

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