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

DOCUMENT # **H66319** **(5)**

1. Corporation Name

HARBOR ISLAND CITRUS, INC.

Principal Place of Business

4420 OLD DIXIE HIGHWAY
~~P.O. BOX 1059~~
VERO BEACH FL 32967
US

Mailing Address

P. O. BOX 429
VERO BEACH FL 32961-0429
US

3. Date Incorporated or Qualified: **07/15/1985**

3a. Date of Last Report: **04/25/1995**

4. FEI Number: **65-0140139** — 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.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

PHILIP D FECGTNEYER
9195 WINDING WOODS DRIVE
LAKE WORTH FL 33467

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 individual signing above) (Title of Individual Signing above) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GROVES, DON	1.2 NAME	
STREET ADDRESS	8325 66TH AVE.	1.3 STREET ADDRESS	
CITY, ST, ZIP	VERO BEACH FL	1.4 CITY, ST, ZIP	
TITLE	VD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	VALDES, ALBERT	2.2 NAME	
STREET ADDRESS	4420 OLD DIXIE HIGHWAY	2.3 STREET ADDRESS	
CITY, ST, ZIP	VERO BEACH FL	2.4 CITY, ST, ZIP	
TITLE	VD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	YATES, JEFF	3.2 NAME	
STREET ADDRESS	4420 OLD DIXIE HIGHWAY	3.3 STREET ADDRESS	
CITY, ST, ZIP	VERO BEACH FL	3.4 CITY, ST, ZIP	
TITLE	VD ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	GROVES, PAMELA	4.2 NAME	
STREET ADDRESS	4420 OLD DIXIE HIGHWAY	4.3 STREET ADDRESS	
CITY, ST, ZIP	VERO BEACH FL	4.4 CITY, ST, ZIP	
TITLE	VD ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	PRESH, DANIEL	5.2 NAME	
STREET ADDRESS	4420 OLD DIXIE HWY.	5.3 STREET ADDRESS	
CITY, ST, ZIP	VERO BEACH FL	5.4 CITY, ST, ZIP	
TITLE	VD ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	GROVES, JAME'	6.2 NAME	
STREET ADDRESS	4420 OLD DIXE HWY.	6.3 STREET ADDRESS	
CITY, ST, ZIP	VERO BEACH FL	6.4 CITY, ST, ZIP	

700001754177
-03/22/96--01026--025
***200.00

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: ~~Sandra Pack~~ 3/6/96 407-567-5353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)