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FILED

Jan 28 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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  
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 03/21/1996

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

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

9. Name and Address of Current Registered Agent

PHILIP D FECGTMEYER  
9195 WINDING WOODS DRIVE  
LAKE WORTH FL 33487

10. Name and Address of New Registered Agent

81 Name FECHTMEYER, PHILIP  
82 Street Address (P.O. Box Number is Not Acceptable)  
11380 PROSPERITY FARMS RD  
83 STE. 220A  
84 City PBG FL 85 Zip Code 33410

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 of officer or director, or both, if registered agent and title is applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	DELETE
NAME	GROVES, DON	
STREET ADDRESS	8325 66TH AVE.	
CITY - ST - ZIP	VERO BEACH FL	
TITLE	VD	DELETE
NAME	VALDES, ALBERT	
STREET ADDRESS	4420 OLD DIXIE HIGHWAY	
CITY - ST - ZIP	VERO BEACH FL	
TITLE	VD	DELETE
NAME	YATES, JEFF	
STREET ADDRESS	4420 OLD DIXIE HIGHWAY	
CITY - ST - ZIP	VERO BEACH FL	
TITLE	VD	DELETE
NAME	GROVES, PAMELA	
STREET ADDRESS	4420 OLD DIXIE HIGHWAY	
CITY - ST - ZIP	VERO BEACH FL	
TITLE	VD	DELETE
NAME	PRESH, DANIEL	
STREET ADDRESS	4420 OLD DIXIE HWY.	
CITY - ST - ZIP	VERO BEACH FL	
TITLE	VD	DELETE
NAME	GROVES, JAME'	
STREET ADDRESS	4420 OLD DIXE HWY.	
CITY - ST - ZIP	VERO BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	Change	Addition
6.2 NAME		
6.3 STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0108044

CR2E034 (9/96)