

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathern
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
4/13/95

DOCUMENT # **H68049** (6)

1. Corporation Name
CLEAR SPRINGS CITRUS, INC.

95 MAY -1 11 1:38

SECRET
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **76 8TH STREET WINTER GARDEN FL 34787**
Mailing Address: **76 8TH STREET WINTER GARDEN FL 34787**

3. Date Incorporated or Qualified: **07/22/1985**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business: **21** State, Apt. #, etc.: **22** City & State: **23**
2a. Mailing Address: **26** State, Apt. #, etc.: **27** City & State: **28**
24 City 25 State 29 City 30 Country

4. FEI Number: **59-2564423** Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
7. This corporation has liability for intangible tax under s. 199.042, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**DUFFY, BRIAN P.
76 EIGHT STREET
WINTER GARDEN FL 34787**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 Zip Code

11. I, the undersigned, as the person named in Sections 199.041 and 199.042, Florida Statutes, the above named corporation submit 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 agree to the applicability of Section 199.042, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995	
TITLE	P	TITLE	7, 3 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOGEN, STEVE	1. NAME	
STREET ADDRESS	3 WALNUT AVE	1. STREET ADDRESS	
CITY & STATE	CLARK NJ	1. CITY & STATE	
TITLE	VP	TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUFFY, BRIAN P.	2. NAME	
STREET ADDRESS	550 CLAYTON COURT	2. STREET ADDRESS	
CITY & STATE	WOOD DALE IL	2. CITY & STATE	
TITLE		3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY & STATE		3. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. NAME	
STREET ADDRESS		4. STREET ADDRESS	
CITY & STATE		4. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. NAME	
STREET ADDRESS		5. STREET ADDRESS	
CITY & STATE		5. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		6. STREET ADDRESS	
CITY & STATE		6. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.041(9)(b), Florida Statutes. I further certify that the information was given 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 in person. I am an officer or director for of this corporation or the receiver or trustee empowered to execute this report as required by Chapter 199, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report, or has an attachment with an address.

SIGNATURE: SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER ON ONE COPY

4-12-95 (407)877-7765