FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00						
1	PROFIT PROFITON IUAL REPORT 1999	Kather Secreta	RTMENT OF STATE Ine Hards ry of State CORPORATIONS		?:	
1. Corporat	JMENT # J1772 on Name ITRUS, INC.	1				
Principal Place of Business Mailing Address 8465 OLD DIXIE HWY P.O. BOX 277 WABASSO FL 32970 WABASSO FL 32970				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 06/02/1986		
2. Principal	Place of Business	2a. Mailing Address		4. FEI Number	·	Applied For
21		26		59-2680139	-	Not Applicable
Suite, Api	. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required		
City & Sta	ite	City & State		Election Campaign Financing Trust Fund Contribution		O May Be d to Fees
Zip 24	Country 25	Zip 29	Country 30	This corporation owes the current year Personal Property Tax.	Intangible []Yes	MNo
	9. Name and Address of Curr	ent Registered Agent	81 Name	10. Name and Address of New Registere	d Agent	
846 WAI	ISON, CHARLES T. 5 OLD DIXIE HWY BASSO FL 32970		83 84 City	dress (P.O. Box Number is Not Acceptable)	L I i	o Code
11. Pursuant office or agent. I a	to the provisions of Sections 607.0 registered agent, or both, in the Starm familiar with, and accept the oblig	502 and 607.1508, Florida Statute te of Florida. Such change was au gations of, Section 607.0505, Flori	s, the above-named corp thorized by the corporate da Statutes.	poration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing it ointrient as r	ts registered registered
SIGNATURE						
12.	Signature, typed or printed name of registered a OFFICERS A	gent and site # applicable. (NOTE: I	Registered Agent signature require 13.	ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS /	AND DIRECT	ORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		[]Change	
NAME STREET ADDRESS	RANSON, CHARLES T. 3500 MARSHA LANE		1.2 NAME 1.3 STREET ADDRESS	7000028959 -06/04/990	10870	18
CITY-ST-ZIP	VERO BEACH FL STD	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	***1500.00	Change	Addition
NAME	GRAVES, J. RICHARD, JR.	C) bettere	22 NAME		Cionnigo	
STREET ADDRESS	1015-34TH AVE		2.3 STREET ADDRESS			
C/TY-ST-ZIP	VERO BEACH FL		2.4 C/TY-ST-ZIP			
TITLE	D	DELETE	3.1 TITLE		[] Change	Addition
NAME	RANSON, RUTH ANN 3500 MARSHA LANE		3.2 NAME			
STREET ADDRESS CITY-ST-ZIP	VERO BCH. FL		33 STREET ADDRESS			
TITLE	D	☐ DELETE	4.1 TITLE		Change	Addition
NAME	GRAVES, MARY P.		4. 2 NAME			
STREET ADDRESS	1015 34TH AVENUE		4.3 STREET ADDRESS			
TITLE	VERO BCH. FL	☐ DELETE	4.4 City-ST-2IP		☐ Change	Addition
NAME :		Cotte	5.2 NAME		□ c.agc	
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			54 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		Change	Addition
NAME			6.2 NAME 6.3 STREET ADDRESS			
STREET ADORESS						^^
14 I hereby o	ertify that the information supplied w	ith this filing does not qualify for the	ne exemption stated in S	Section 119.07(3)(i), Florida Statutes. I further ce	rtify that the	information

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes 1 further certify that the information indicated on this annual report or supplemental annual reports rue and accurate and that my signature shall have the same legal effect as if made under oan; that I am an officer or director of the corporation or the receiver or to stee 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, with all other like empowered.

CHARLES T. RANSON

EXECUTIVE VICE PRESIDENT APRIL 8.1999 561-589-4356