

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 30 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J30161
1. Corporation Name

SUNNILAND CITRUS COMPANY, INC.

Principal Place of Business 3003 TAMIAMI TRAIL NORTH NAPLES, FL 34103	Mailing Address 3003 TAMIAMI TRAIL NORTH NAPLES, FL 34103
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3. Date Incorporated or Qualified 08/19/1986	3a. Date of Last Report 04/25/1996
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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 65-0029382 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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**FLORA, TERRY L.
3003 TAMIAMI TRAIL NORTH
NAPLES, FL 34103**

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 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	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLIER, MILES C	1.2 NAME	
STREET ADDRESS	3003 TAMIAMI TRAIL NORTH	1.3 STREET ADDRESS	
CITY, ST, ZIP	NAPLES, FL 34103	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLOOD, THOMAS J.	2.2 NAME	
STREET ADDRESS	3003 TAMIAMI TRAIL NORTH	2.3 STREET ADDRESS	
CITY, ST, ZIP	NAPLES, FL 34103	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, MICHAEL O.	3.2 NAME	
STREET ADDRESS	3003 TAMIAMI TRAIL NORTH	3.3 STREET ADDRESS	
CITY, ST, ZIP	NAPLES, FL 34103	3.4 CITY-ST-ZIP	
TITLE	VSD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLORA, TERRY L.	4.2 NAME	
STREET ADDRESS	3003 TAMIAMI TRAIL NORTH	4.3 STREET ADDRESS	
CITY, ST, ZIP	NAPLES, FL 34103	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORINA, ROBERT D.	5.2 NAME	
STREET ADDRESS	3003 TAMIAMI TRAIL NORTH	5.3 STREET ADDRESS	
CITY, ST, ZIP	NAPLES, FL 34103	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	

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14. I 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

TERRY L. FLORA

4/22/97
Date

941-261-4455
Daytime Phone #

CR2E034 (9/96)