

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

FILED
May 06 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # J30161 (0)

1. Corporation Name
SUNNILAND CITRUS COMPANY, INC.

Principal Place of Business
3003 TAMiami TRAIL NORTH
NAPLES FL 33940

Mailing Address
3003 TAMiami TRAIL NORTH
NAPLES FL 33940



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		08/19/1986	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0029382	
24 34103		29 34103		Applied For	
25 Country		30 Country		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 owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FLORA, TERRY L. 3003 TAMiami TRAIL NORTH NAPLES FL 33940				81 Name			
3003 TAMiami TRAIL NORTH NAPLES FL 33940				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL 85 Zip Code 34103			

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLIER, MILES C.	1.2 NAME	
STREET ADDRESS	3003 TAMiami TRAIL NO.	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34103	1.4 CITY-ST-ZIP	
TITLE	VSD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLORA, TERRY L	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	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLOOD, THOMAS J.	3.2 NAME	
STREET ADDRESS	3003 TAMiami TRAIL N	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34103	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, MICHAEL O	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		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		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	

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 _____ Terry L. Flora, Vice President 03/19/98 941/261-4455

CR2E034 (10/97)