

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # J42766

(2)

1. Corporation Name

RIVER VALLEY CITRUS, INC.

FILED

95 JUL 25 AM 9:00

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

Principal Place of Business

**ROUTE 1 BOX 238
MAXWELL ROAD
WAUCHULA FL 33873**

Mailing Address

**ROUTE 1 BOX 238
MAXWELL ROAD
WAUCHULA FL 33873**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/18/1986

3a. Date of Last Report

01/25/1994

4. FEI Number

59-2738499

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. 190.022,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**SMITH, JOSEPH F.
ROUTE 1 BOX 238
MAXWELL ROAD
WAUCHULA FL 33873**

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 (typed or printed name of registered agent and title if applicable)

NOTE: Registered Agent signature required when reappointing.

DATE

12. OFFICERS AND DIRECTORS

**TITLE PD
NAME SMITH, JOSEPH F.
STREET ADDRESS ROUTE 1 BOX 238
CITY ST ZIP WAUCHULA FL**

**TITLE VD
NAME SMITH, DANIEL M.
STREET ADDRESS PO BOX 156 NA
CITY ST ZIP BOWLING GREEN FL**

**TITLE STD
NAME SMITH, MARY M.
STREET ADDRESS ROUTE 1 BOX 238
CITY ST ZIP WAUCHULA FL**

**TITLE
NAME
STREET ADDRESS
CITY ST ZIP**

**TITLE
NAME
STREET ADDRESS
CITY ST ZIP**

**TITLE
NAME
STREET ADDRESS
CITY ST ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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:

Daniel M. Smith **Daniel M. Smith**

7-21-95

(941) 773-4440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number