SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUG[illegible] 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO F[illegible]ATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMEN[illegible]STATE
Sandra B. Mort[illegible]
Secretary of S[illegible]
DIVISION OF CORPO[illegible]ONS

DOCUMENT # J42766 (2)

1. Corporation Name
RIVER VALLEY CITRUS, INC.

Principal Place of Business	Mailing Address
ROUTE 1 BOX 238 MAXWELL ROAD WAUCHULA FL 33873	ROUTE 1 BOX 238 MAXWELL ROAD WAUCHULA FL 33873

3. Date Incorporated or Qualified: 11/18/1986
3a. Date of Last Report: 07/25/1995

2. Principal Place of Business
21 208 East Orange St.
22 Suite, Apt. #, etc.
23 City & State: Wauchula FL
24 Zip: 33873 25 Country: Hardee

2a. Mailing Address
26 208 East Orange St.
27 Suite, Apt. #, etc.
28 City & State: Wauchula, FL
29 Zip: 33873 30 Country: Hardee

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. 199.032, Florida Statutes ☒ Yes ☐ No

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: Smith Joseph F.
82 Street Address (P.O. Box Number is Not Acceptable): 208 East Orange St.
83
84 City: Wauchula FL 85 Zip Code: 33873

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: Joseph F. Smith President Joseph F. Smith 6/10/96
Signature, type or print name 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SMITH, JOSEPH F. ROUTE 1 BOX 238 WAUCHULA FL	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	PD Smith Joseph F. 208 East Orange St. Wauchula, FL 33873	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SMITH, DANIEL M. PO BOX 156 NA BOWLING GREN FL	☒ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD SMITH, MARY M. ROUTE 1 BOX 238 WAUCHULA FL	☒ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (3/96)

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joseph F. Smith Joseph F. Smith 6/10/96 (941) 773-4440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #