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

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED May 01 1998 8:00am Secretary of State

| 1, Corporation | STEVENS CITRUS, INC. | 76 (9) | | I ABBINGE BEIT BEBRE BUILE BINK INDIE BUIN BOBR BUIN BOBR BE | iii 61811 51611 61611 61814 1884 |
|--|--|---|--|--|--|
| Dringing Dig | an of Studence | Maiton Address | | | ## \$100 61 01 611 1 644 181 |
| Principal Place of Business POST OFFICE BOX 974 ZOLFO SPRINGS FL 33890 | | Mailing Address | | | |
| | | POST OFFICE BOX 974 ZOLFO SPRINGS FL 33890 | | | |
| | | | | DO NOT WRITE IN THIS SPACE | |
| | | | | 3. Date Incorporated or Qualified | |
| 6 Principal | Place of Rusiness | 2a. Mailing Address | | 12/11/1986 4. FEI Number | I a a grad Car |
| 2. Principal Place of Business | | 26 Address | | | Applied For Not Applicable |
| Suite, Apt. #, etc | | Suite, Apt. #, etc. | | 59-2746412 | \$8.75 Additional |
| 22 | | 27 | | 5. Certificate of Status Desired | Fee Required |
| City & State | | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | | 28 | | Trust Fund Contribution | Added to Fees |
| Ζιρ | Country | Zip | Country | 6. This corporation owes or has paid the co | |
| 24 | 9. Name and Address of Cu | | 30 | Personal Property Tax due June 30. 10. Name and Address of New Registered | Yes No |
| et. | EVENS, C.R. JR. | | 81 Name | | |
| PARNELL ROAD | | | 62 Street Ad | dress (P.O. Box Number is Not Acceptable) | |
| POST OFFICE BOX 974 | | | 92 Stieet Au | diess (F.O. Box Number is Not Acceptable) | ı |
| ZOLFO SPRINGS FL 33890 | | | 83 | | |
| 1 | | | 84 City | | 85 Zip Code |
| | | | | <u> </u> | L. T |
| office or agent. I a SIGNATURE | registered agent, or both, in the Sam familiar with, and accept the of | | thorized by the corpor da Statutes. | rporation submits this statement for the purpose ation's board of directors. I hereby accept the appured when reinstating) DATE | pointment as registered |
| 12. | | AND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS AN | ID DIRECTORS IN 12 |
| TITLE | PSD | DELETE | 1.1 TITLE | | Change Addition |
| NAME | STEVENS, C.R. JR. | | 1.2 NAME | | |
| STREET ADDRESS | PARNELL RD #671 | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ZOLFO SPRINGS FL | ☐ DELETE | 1.4 CITY - ST - ZIP | | Change Addition |
| NAME | Į. | | 2.1 TITLE 2.2 NAME | | |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | <u> </u> | | 2. 4 CITY - ST - ZIP | | |
| TITLE | | DELETE | 3.1 TITLE | | Change Addition |
| NAME | ļ | | 3.2 NAME | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| CITY - ST - ZIP | | | 3 4. CITY - ST - ZIP | | |
| TITLE | ŧ | ☐ DELETE | 4.1 TITLE | | Change Addition |
| NAME | | | 4. 2 NAME | | |
| STREET ADORESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP TITLE | | ☐ DELETE | 4.4 CITY-ST-ZIP 5.1 TITLE | | Change Addition |
| NAME | | ternal * * * * * * * * * * * * * * * * * * * | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 61 TITLE | | ☐ Change ☐ Addition |
| NAME |) | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| DITTY CT THE | I | | CACITY OF TID | | |

I hereby certify that the information supplied with this filing does not qualify on 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: