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PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # 148549

161

1. Corporation Name REGENCY CITRUS, INC. Principal Place of Business 6709 RIDGE RD SUITE 200 PORT RICHEY FL 34668-3890 Mailing Address 6709 RIDGE RD SUITE 200 PORT RICHEY FL 34668-3890					3. Date Incorporated or Qualified 3a. Date of Last Report			
Dringing Di	ace of Business	A Maillion Adduses			12/23/1986 4. FEI Number	()4/28/19	
2. Principal Pi	ace of business	2a. Mailing Address			59-2747153			Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75	Additional Required
City & State	9	City & State			Election Campaign Financing Trust Fund Contribution		\$5.0	O May Be
Zip	Country 25	Zip 29	Cour	try	8. This corporation has liability for			d to Fees 199.032,
<u>-1</u>	9. Name and Address of Curre		[30]		10. Name and Address of New F		Agent	
				31 Name				
HUDSON, JOHN E. 6709 RIDGE RD #200				32 Street Address (P.O. Box Number is Not Acceptable)				
	HEY FL 34668			B3				··· · · · · · · · · · · · · · · · · ·
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			[B4 City		FL	.	p Code
11 Purguant t	to the provisions of Sections 607 DSD	2 and 607 1509. Florida Statute	s the show	o named come	ration cubmits this statement for the ou	mocco of ob	anaina ita	paintared office
or register familiar wil	to the provisions of Sections 607.050; red agent, or both, in the State of Flori th, and accept the obligations of, Sec	2 and 607.1508, Florida Statute rida. Such change was authorize stion 607.0505, Florida Statutes	es, the aboved by the co	e-named corpo orporation's boa	oration submits this statement for the pu ard of directors. I hereby accept the app	irpose of cha pointment as	anging its r registered	registered office Lagent. Lam
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cath; 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR