FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Socretary of State

1996	DIVISION O	F CORPORATIONS			
OCUMENT # J835	515 (3)				
DONLEY CITRUS, INC.					
opal Place of Business	Mailing Address				
95 Crump Road NTER Haven FL 33881	2235 CRUMP ROAD WINTER HAVEN FL 33881				
			3. Date incorporated or Qualified 08/01/1987	3a. Date of Last F 03/02/19	Report 95
incipal Place of Business	2a. Mailing Address 26	The second secon	4. FEI Number 59-2829738		Applied For Not Applicable
lite: Apt. #, etc	Suite, Apt. #. etc.		5. Certificate of Status Desired	1 1 7 -	5 Additional Required
t, & State	Orty & State		Election Campaign Financing Trust Fund Contribution	\$5.0	00 May Be
Country 25	7 ₍₁₎	Country	8. This corporation has liability for		
9. Name and Address of Co		1301	10. Name and Address of New I		
DANIEV TEODY		81 Name			
DONLEY, TERRY 2235 CRUMP ROAD		82 Street Add	ress (P.O. Box Number is Not Acceptat	ole)	
WINTER HAVEN FL 33881		83			
		84 City		FL 85 Z	ip Code
ATURE Stytische Egiet de prote i Sobre Mesit bescher OFFICERS	lager active dage date =	OTE Fregistered Agent signature require 13.	ed when recistaling. ADDITIONS/CHANGES TO OFF	DATE FICERS AND DIRECTO Change	DRS IN 12
DONLEY, LESTER		1.2 NAME		Onange	
ACORESS 2235 CRUMP ROAD		1.3 STREET ADDRESS			
WINTER HAVEN FL	F-1 del Fee	14 City - St - ZiP		-	
DONLEY, TERRY	[] DELETE	2 1 FIT; E 2 2 NAME.		Change	Addition Addition
ACTURES: 2235 CRUMP ROAD		2.3 STREET ADORESS			
WINTER HAVEN FL		2.4 CITY+ST-ZIP			
STD Donley, Roger	[]] DELFIE	3 1 THILE		☐ Change	Addit on
2235 CRUMP ROAD		3.2 NAME			
WINTER HAVEN FL		3.3 STREET ADDRESS 3.4 CITY+ST ZIP			
* *	Delete	4 1 Hite		Change	Addition
		4.2 NAME			
ACORE SS		4.3 STREET ADDRESS			
		4.4 CITY - ST - ZIP			
	DELETE	5 TILE		Change	☐ Addition
4767		5.2 NAME			
A3(Achor) 		5 3 STHEET ADDRESS			
	DELETE	5 4 CH Y - ST - ZIP 6 1 THUF	The second of th	Change	Addition
		6.2 NAME			
! Alexandray		6 3 STREET ADDRESS			
81-72		6 4 C/TY - ST - Z/P			······································
I do hicreby certify that the information sung certify friat the information indicated on this cartiff that I am an officer or director of the c appears in Block 12 or Block 13 if chap 4 of	-annual report or supplemental and corporation or the receiver or trusti	nual report is true and accura se empowered to execute th	ate and that my signature shall have the	e same legal effect as i	if made under

SIGNATURE: S

SIGNATURE AND TYPED OF PRINTER NAME OF BIGNING OFFICER OF DIRECTOR

January 29,1996 941.324-4564