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PROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90038 004 ***150.00

DOCUMENT #	J92020
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CENTRAL CITRUS, INC.

Principal Place	of Business	Mailing Address						
PO BOX 912		PO BOX 912						,
WAUCHULA FL	338/3	WAUCHULA FL 33873			DX	NOT WRITE IN THIS	SPACE	•
ř					3. Date incorporated	or Qualifed .		
į.					09/14/1987			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
2 Principal Pt	tace of Business	2a. Mailing Address			4. FEI Number		Ap	plied For
—	ago or business	26			NOT APPLICA	BLE	No	t Applicable
Suite, Apt. 4	# etc	Suite, Apt. #, etc.					\$8.75	Additional
· ·	#, O.D.	_ 27			5. Certificate of Status	Desired	Fee Re	equired .
City & State		City & State			6. Election Campaign	Financino —	\$5.00	May Be
⊢ `		28		-	Trust Fund Contrit	- 11	Added 1	
Zip	Country	Zip	Cox	intry		wes the current year in	angible	
⊢ `	 7	29	30		Personal Property		Yes	□No !
24	9. Name and Address of Curr		[30]	 -		ss of New Registered	Agent	:
	3. Name and Address of Cur	Tank Ragister do Again		81 Name		<u> </u>		,
STAT	TON, BOB							:
	N MINTH ST			82 Street	Address (P.O. Box Number is	Not Acceptable)		
,	ICHULA FL 33873			-				
1170	CHOEN IE SOOTS			83				
	وي المراوعي و المناومين المناومين المناومين المراوعي والمارو	era	1.500	84 City	<u> </u>		85 Zip	Code
1		<u> </u>				. FL		
11. Pursuant t	to the provisions of Sections 607.0 egistered agent, or both, in the Starn familiar with, and accept the obl	0502 and 607.1508, Florida Sta	tutes, the a s authorized	bove-named by the come	corporation submits this state pration's board of directors. I h	ment for the purpose of sereby accept the appo	changing its Intrient as re	gistered
agent. I as	m familiar with, and accept the obl	igations of, Section 607.0505. I	Florida Stat	utes.	•			1
SIGNATURE								} }
SIGNATURE	Signature, typed or printed name of registered				equired when reinstaling)	DATEDATE	ID DIRECTO	100 N 12
12.		AND DIRECTORS	13.		ADDITIONS/CHAN	GES TO OFFICERS AI		ORS IN 12 00
. <u> </u>	OFFICERS		13. 1,1 Ti	ME	ADDITIONS/CHANG	•	D DIRECTO	ORS IN 12
12.	OFFICERS P STATON, ROBERT S.	AND DIRECTORS	13. 1.1 Ti 1.2 N	ME SAME	ADDITIONS/CHANGE	2B.5.		DRS IN 12 06/17
12.	OFFICERS P STATON, ROBERT S. 905 NO. NINTH ST.	AND DIRECTORS	13. 1.1 Ti 1.2 N	TLE AME TREET ADDRESS	ADDITIONS/CHANGE P STATON THE 905 No. NINT	プB ら、 カラ・		DRS IN 12 Addition Addition
12. TITLE NAME	OFFICERS P STATON, ROBERT S.	AND DIRECTORS	13. 1.1 TI 1.2 N 1.3 S	TLE AME TREET ADDRESS	ADDITIONS/CHANGE	プB ら、 カラ・	Change	ORS IN 12 Addition TAMES IN 12
12. TITLE NAME STREET ADDRESS	OFFICERS P STATON, ROBERT S. 905 NO. NINTH ST. WAUCHULA FL 33873	AND DIRECTORS	13. 1.1 TI 1.2 N 1.3 S	TILE AME TREET ADDRESS TTY-ST-ZIP	ADDITIONS/CHANGE P STATON THE 905 No. NINT	プB ら、 カラ・		
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STATON, ROBERT S. 905 NO. NINTH ST. WAUCHULA FL 33873	AND DIRECTORS	13. 1.1 TI 1.2 M 1.3 S 1.4 G	TILE AME TREET ADORESS TY-ST-ZIP TILE	ADDITIONS/CHANGE P STATON THE 905 No. NINT	プB ら、 カラ・	Change	RS IN 12 Addition Strain Addition Addition
12. ITTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS P STATON, ROBERT S. 905 NO. NINTH ST. WAUCHULA FL 33873	AND DIRECTORS	13. 1.1 Ti 1.2 M 1.3 S 1.4 C 2.1 Ti 2.2 M	TILE AME TREET ADORESS TY-ST-ZIP TILE	ADDITIONS/CHANGE P STATON THE 905 No. NINT	プB ら、 カラ・	Change	RS IN 12 Addition SOCIETY Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P STATON, ROBERT S. 905 NO. NINTH ST. WAUCHULA FL 33873 V HOVEY, DON	AND DIRECTORS	13. 1.1 TI 1.2 NI 1.3 S 1.4 CI 2.1 TI 2.2 NI 2.3 S	AME TREET ADORESS TY-ST-ZIP TLE	ADDITIONS/CHANGE P STATON THE 905 No. NINT	プB ら、 カラ・	2.3	
12. ITTLE NAME STREET ADDRESS GTY-ST-ZIP TITLE NAME	P STATON, ROBERT S. 905 NO. NINTH ST. WAUCHULA FL 33873 V HOVEY, DON P.O. BOX 2346 N/A	AND DIRECTORS	13. 1.1 TI 1.2 NI 1.3 S 1.4 CI 2.1 TI 2.2 NI 2.3 S	AME IREET ADORESS ITY-ST-ZIP TLE AME IREET ADORESS ITY-ST-ZIP	ADDITIONS/CHANGE P STATON THE 905 No. NINT	プB ら、 カラ・	Change	RS IN 12 Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P STATON, ROBERT S. 905 NO. NINTH ST. WAUCHULA FL 33873 V HOVEY, DON P.O. BOX 2346 N/A ARCADIA FL 33821 ST	AND DIRECTORS DELETE DELETE	13. 1.1 TI 1.2 M 1.3 S 1.4 C 2.1 TI 2.2 N 2.3 S 2.4 C 3.1 TI	AME IREET ADORESS ITY-ST-ZIP TLE AME IREET ADORESS ITY-ST-ZIP	ADDITIONS/CHANGE P STATON THE 905 No. NINT	プB ら、 カラ・	2.3	
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	P STATON, ROBERT S. 905 NO. NINTH ST. WAUCHULA FL 33873 V HOVEY, DON P.O. BOX 2346 N/A ARCADIA FL 33821 ST STATON, ROBERT DANIEL. 905 N. NINTH ST.	AND DIRECTORS DELETE DELETE	13. 1.1T 12.M 1.3S 1.4C 2.1T 2.2M 2.3S 2.4C 3.1T 3.2.M 3.3S	ITLE AME IREET ADDRESS ITY-ST-ZIP TLE AME IREET ADDRESS ITY-ST-ZIP TLE AME IREET ADDRESS	ADDITIONS/CHANGE P STATON THE 905 No. NINT	プB ら、 カラ・	2.3	
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14. Thereby certify that the information supplied with this filing does not qualify for 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 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, with all other like empowered.

SIGNATURE

22/99 941-773-2624