FILED

Mar 30, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # . 194584

Corporation MIKE LAI	NGLEY CITRUS, INC.							
Principal Place	of Business	Mailing Address				AMERICAN SERVICE STATE OF THE SERVICE S		
17628 U.S. HWY 27 17628 U.S. HWY 27 CLERMONT FL 34711 CLERMONT FL 34711					DO NOT WRITE IN THIS	SPACE		
					3. Date Incorporated or Qualifed 09/24/1987			
2. Principal Place of Business 2a. Mailing Address 26					4. FEI Number 59-2844912	- 	pplied For ot Applicable	
Suite, Apt. #	¥, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A		
	City & State City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country Zip Cou			/	8. This corporation owes the current year Intangible			
24	25	29 30	i]		Personal Property Tax.	Yes	□No	
	9. Name and Address of Curren	nt Registered Agent			10. Name and Address of New Registered	Agent		
LANGLEY MICHAEL DAG				Name				
LANGLEY, MICHAEL RAE				Street Add	dress (P.O. Box Number is Not Acceptable)			
22010 O'BRIEN RD HOWEY IN THE HILLS FL 32711			-					
HOWET IN THE HILLS PL 92/11			83					
				City	FL	• <i>'</i>	Code	
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State π familiar with, and accept the obliga	of Florida, Such change was auth	onzea ov	the corporat	rporation submits this statement for the purpose of tion's board of directors. I hereby accept the appoi	changing its ntment as re	gistered	
SIGNATURE	Signature, typed or printed name of registered age	nt and title if analizable (NOTE: Re	astered And	nt signature requi	ired when reinstating) DATE			
12.		ND DIRECTORS	13.	on organization require	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTO	ORS IN 12	
TITLE			1.1 TITLE			☐ Change	☐ Addition	
NAME	LANGLEY, MICHAEL RAE	MICHAEL RAE 121						
STREET ADDRESS			1.3 STREE	TADORESS				
CITY-ST-ZIP	HOWEY IN THE HILLS FL 14		1.4 CITY-5	ST-ZIP .				
TITLE	☐ DELÉTÉ 2:		2.1 TITLE			Change	☐ Addition	
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREE	TADDRESS			j	
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP			Addition	
TITLE	_		3.1 TITLE			Change	Addition !	
NAME	بالمدادجة الاصدابيرادية التقيدج سميد	<u> </u>	3.2 NAME				:	
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			3.4. CITY-	ST-ZIP		Change	Addition	
TITLE		☐ DELETE	4.1 TITLE			change		
NAME (4. 2 NAME					
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			4.4 CITY- 5.1 TITLE	SI-ZIP		Change	Addition	
TITLE	•	_ DELETE	5.1 IIILE 5.2 NAME					
NAME ·				T ADDRESS				
STREET ADDRESS			5.4 CITY-					

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 mg (1)). 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 in the 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 a contract of the corporation or the receiver or trustee empowered to execute this report as a contract of the corporation or the receiver or trustee empowered to execute this report as a contract of the corporation or the receiver or trustee empowered to execute this report as a contract of the corporation or the receiver or trustee empowered to execute this report as a contract of the corporation or the receiver or trustee empowered to execute this report as a contract of the corporation or the receiver or trustee empowered to execute this report as a contract of the corporation or the receiver or trustee empowered to execute this report as a contract of the corporation or the receiver or trustee empowered to execute this report as a contract of the corporation or the receiver or trustee empowered to execute this report as a contract of the corporation or the receiver or trustee empowered to execute this report as a contract of the corporation or the receiver or trustee empowered to execute this report as a contract of the corporation or the receiver or trustee empowered to execute this report as a contract of the corporation or the receiver or trustee empowered to execute this report as a contract of the corporation or the receiver or trustee empowered to execute this report as a contract of the corporation of the corporation of the corporation of the corporation or the receiver or trustee empowered to execute this report as a contract of the corporation of the corporat

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

ΠΠLE

NAME

□ DELETE

407-469-2006

☐ Addition

Daytime Phone #