FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 MAY -1 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K05462** **(2)**

1. Corporate Name

DOUBLE G CITRUS, INC.

Principal Place of Business:
C/O KAREN C. GRIFFIN
3830 ALT 27 S
LAKE WALES FL 33853
US

Mailing Address:
C/O KAREN C. GRIFFIN
P O BOX 542
FROSTPROOF FL 33843
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
12/07/1987	04/27/1994

4. FEI Number: 59-2863520 — Applied For / Not Applicable

2. Principal Place of Business: 21 ___ Suite, Apt. #, etc.: 22 ___ City & State: 23 ___ Zip: 24 ___ Country: 25 ___

2a. Mailing Address: 26 ___ Suite, Apt. #, etc.: 27 ___ City & State: 28 ___ Zip: 29 ___ Country: 30 ___

5. Certificate of Status Desired ☑ — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

GRIFFIN, KAREN C.
3830 ALT 28 S
LAKES WALES FL 33853

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ___ (Date)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GRIFFIN, TOMMY M.
STREET ADDRESS	3830 ALT 28 S
CITY-ST-ZIP	LAKE WALES FL
TITLE	D
NAME	DORADO, ELIZABETH
STREET ADDRESS	BOX 1144 27 E ST
CITY-ST-ZIP	FROSTPROOF FL
TITLE	D
NAME	GRIFFIN, THOMAS B
STREET ADDRESS	3830 ALT 27 S
CITY-ST-ZIP	LAKE WALES FL
TITLE	D
NAME	GRIFFIN, ANGELA D
STREET ADDRESS	3830 ALT 27 S
CITY-ST-ZIP	LAKE WALES FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

(Six blank blocks: TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ Change ☐ Addition)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(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: Tommy M. Griffin Pres., Tommy M. Griffin, 4-27-95 813-638-3640
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone)

pd by ck 3451

0448216 FP