

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K05462** (2)

1. Corporation 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**

3. Date Incorporated or Qualified **12/07/1987** 3a. Date of Last Report **05/01/1995**

4. FEI Number **59-2863520** Applied For ☐ Not Applicable ☐

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

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Zip

24 Country 29 Country

25 30

9. Name and Address of Current Registered Agent

**GRIFFIN, KAREN C.
3830 ALT 28 S
LAKE 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

Signature, typed or printed name of registered agent (and if not applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PO	<input type="checkbox"/> DELETE
NAME	GRIFFIN, TOMMY M.	
STREET ADDRESS	3830 ALT 28 S	
CITY - ST - ZIP	LAKE WALES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DORADO, ELIZABETH	
STREET ADDRESS	BOX 1144 27 E ST	
CITY - ST - ZIP	FROSTPROOF FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GRIFFIN, THOMAS B	
STREET ADDRESS	3830 ALT 27 S	
CITY - ST - ZIP	LAKE WALES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GRIFFIN, ANGELA D	
STREET ADDRESS	3830 ALT 27 S	
CITY - ST - ZIP	LAKE WALES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tommy M. Griffin Pres. **Tommy M. GRIFFIN Pres.** 4-29-96
941-638-3640
RJBY CK 4352
Daytime Phone

CR2E034 (12/95)