2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2000 8:00 am
Secretary of State
05-08-2000 90137 039 ***150.00

DOCUMENT # K05462

1. Entity Name

DOUBLE G CITRUS, INC.

Principal Place of Business	Mailing Address
C/O KAREN C. GRIFFIN 3830 ALT 27 S LAKE WALES FL 33853 US	C/O KAREN C. GRIFFIN P O BOX 542 FROSTPROOF FL 33843-0542 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5013 State Road 60 E.	P.O. Box 2339
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lake Wales, FL	City & State: Lake Wales, FL
Zip: 33853 Country: U.S.A.	Zip: 33859-2339 Country: USA

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

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: ~~Karen C. Griffin~~

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GRIFFIN, TOMMY M. 3830 ALT 28 S LAKE WALES FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DORADO, ELIZABETH 212 BARBER DRIVE, P.O. BOX 302 BOBSON PARK FL 33827	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRIFFIN, THOMAS B 110 PAUL REVERE ROAD BARTOW FL 33830	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRIFFIN, ANGELA D 3830 ALT 27 S LAKE WALES FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/99)

13. I hereby 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Karen C. Griffin Sec/Treas. 4/11/00 863-678-9535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Karen C. Griffin
Angela D. Griffin Dir. 5-30-00 863-678-9535