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

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

DO NOT WRITE IN THIS SPACE

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	7. Name and Address of New Registered Agent
GRIFFIN, KAREN C. 3830 ALT 28 S LAKES WALES FL 33853	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: PD NAME: GRIFFIN, TOMMY M. STREET ADDRESS: 3830 ALT 28 S CITY-ST-ZIP: LAKE WALES FL	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: TD NAME: DORADO, ELIZABETH STREET ADDRESS: 212 BARBER DRIVE, P.O. BOX 302 CITY-ST-ZIP: BOBSON PARK FL 33827	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: D NAME: GRIFFIN, THOMAS B STREET ADDRESS: 110 PAUL REVERE ROAD CITY-ST-ZIP: BARTOW FL 33830	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: D NAME: GRIFFIN, ANGELA D STREET ADDRESS: 3830 ALT 27 S CITY-ST-ZIP: 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
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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: SIGNATURE OF OFFICER OR DIRECTOR — Sec/Treas. — Date: 4/11/00 — Daytime Phone #: 863-678-9535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Karen C. Griffin
Angela D. Griffin Dir. 5-30-00 863-678-9535

CR2E034 (9/99)