

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 08:00 AM**
Secretary of State**DOCUMENT # K05462**1. Entity Name
DOUBLE G CITRUS, INC.Principal Place of Business
5031 STATE ROAD 60 E
LAKE WALES FL 33853
Mailing Address
PO BOX 2339
LAKE WALES FL 3385923392. Principal Place of Business
5013 STATE ROAD 60 E

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
LAKE WALES FL

City & State

4. FEI Number
59-2863520
Applied For
Not ApplicableZip Country
33853 US

Zip Country

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
LAKE WALES FL 33853Name
GRIFFIN, KAREN C.
Street Address (P.O. Box Number is Not Acceptable)
3830 ALT 27 S
City
LAKE WALES FL Zip Code
33853

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 _____ **05/01/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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 D ☐ Delete
NAME GRIFFIN ANGELA D
STREET ADDRESS 3830 ALT 27 S
CITY-ST-ZIP LAKE WALES FLTITLE D ☒ Change ☐ Addition
NAME GRIFFIN ANGELA D
STREET ADDRESS 3830 ALT 27 S
CITY-ST-ZIP LAKE WALES FL 33853TITLE D ☐ Delete
NAME GRIFFIN THOMAS B
STREET ADDRESS 110 PAUL REVERE ROAD
CITY-ST-ZIP BARTOW FL 33830TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE TD ☐ Delete
NAME DORADO ELIZABETH
STREET ADDRESS 212 BARBER DRIVE, P.O. BOX 302
CITY-ST-ZIP BOBSON PARK FL 33827TITLE TD ☒ Change ☐ Addition
NAME DORADO ELIZABETH
STREET ADDRESS 212 BABSON DRIVE, P.O. BOX 302
CITY-ST-ZIP BABSON PARK FL 33827TITLE PD ☐ Delete
NAME GRIFFIN, TOMMY M.
STREET ADDRESS 3830 ALT 28 S
CITY-ST-ZIP LAKE WALES FLTITLE PD ☒ Change ☐ Addition
NAME GRIFFIN, TOMMY M.
STREET ADDRESS 3830 ALT 27 S
CITY-ST-ZIP LAKE WALES FL 33853TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Tommy M. Griffin

PD 05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)