

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# K05462

FILED
Mar 26, 2002 8:00 AM
Secretary of State

Entity Name: DOUBLE G CITRUS, INC.

Current Principal Place of Business:

5013 STATE ROAD 60 E
LAKE WALES, FL 33853 US

New Principal Place of Business:

5013 STATE ROAD 60 E
LAKE WALES, FL 33859 US

Current Mailing Address:

PO BOX 2339
LAKE WALES, FL 338592339 US

New Mailing Address:

FEI Number: 59-2863520 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRIFFIN, KAREN C.
3830 ALT 27 S
LAKES WALES, FL 33853 US

Name and Address of New Registered Agent:

GRIFFIN, TOMMY M PRES
3830 ALT 27 S
LAKES WALES, FL 33898 US

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: TOMMY M. GRIFFIN

03/26/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GRIFFIN, TOMMY M.,
Address: 3830 ALT 27 S
City-St-Zip: LAKE WALES, FL 33853 US

Title: TD (X) Delete
Name: DORADO, ELIZABETH
Address: 212 BABSON DRIVE, P.O. BOX 302
City-St-Zip: BABSON PARK, FL 33827 US

Title: D (X) Delete
Name: GRIFFIN, THOMAS B
Address: 110 PAUL REVERE ROAD
City-St-Zip: BARTOW, FL 33830

Title: D (X) Delete
Name: GRIFFIN, ANGELA D
Address: 3830 ALT 27 S
City-St-Zip: LAKE WALES, FL 33853

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GRIFFIN, TOMMY M.,
Address: 3830 ALT 27 S
City-St-Zip: LAKE WALES, FL 33898 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOMMY M. GRIFFIN

PD

03/26/2002

Electronic Signature of Signing Officer or Director

Date