FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K10205 1. Corporation Name

R & J CITRUS NURSERY AND TREE PLANTING, INC.

Principal Place of Business C/O MARION ESPOSITO

Mailing Address

C/O MARION ESPOSITO 2805 MASSEE BOAD

FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90108 044 ***150.00



DAVENPORT FL					DO NOT WRITE IN THIS SPACE			
DAVELLI CIT. 12		•			3. Date Incorporated or Qualifed			
d 14 a	DE B OF ADDRESS				12/28/1987			
2 Principal Pl	ace of Rusiness	2a. Mailing Address		1	4. FEI Number		plied For	
21 C/O F	INAION ESPOSITO	26 CLOMARION	ESP	25178	59-2866591	No	t Applicable	
Suite, Apt.		Suite, Apt. #, etc.	ė u s	incle	5. Certifcate of Status Desired	\$8.75 A Fee Re		
22 22 2 2 1 City & State	7 PAIAVIEW CIRCLE	City & State			6. Election Campaign Financing	\$5.00	May Be	
23 AUB	URNDALE FI.	28 AUBURNDAL	2 2	,	Trust Fund Contribution	Added t		
Zip	Country	Zip	Country	,	8. This corporation owes the current year	r Intangible		
24 3382	3 25 0014	29 35825 30	20	lk	Personal Property Tax.	Yes	□No _	
24 2202	9. Name and Address of Current		 	<u> </u>	10. Name and Address of New Registe	red Agent		
				Name				
ESPOSITO, MARION				CO. C. Aller (C. C. C. Aller) and the Accordable				
. 2805 MASSEE ROAD			82	Street Ad	dress (P.O. Box Number is Not Acceptable)			
DAVENPORT FL 33837			83					
	*							
			84	'		FL 85 Zip (
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the abov	e-named co	rporation submits this statement for the purpos	e of changing its	registered	
office or r	egistered agent, or both, in the State o	f Florida, Such change was auth	orized by Statutes	the corpora	rporation submits this statement for the purposition's board of directors. I hereby accept the a	ppointment as re	yistered i	
	m jamiliar with, and accept the obligati	ons of, decilan oor, social, ronde	a Cidialo.					
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re-	gistered Age	nt signature requ	ired when reinstating) DAT		<u> </u>	
12.	OFFICERS AND DIRECTORS				ADDITIONS/CHANGES TO OFFICER			
TITLE	SD	☐ DELETE	1.1 TITLE			Change	Addition	
NAME	ESPOSITO, MARION		1.2 NAME		Esposito MALION			
STREET ADDRESS	2805 MASSEE ROAD		1.3 STREE	T ADDRESS	2219 PAIN VIEW CIRCLE		ļ	
	DAVENPORT FL		1.4 CITY-S		HUBURNDALE FI- 3382	2.3		
CITY-ST-ZIP	DAVER ON 12	☐ DELETE	2.1 TITLE			☐ Change	Addition	
		• -	2.2 NAME			_		
NAME		المحتشينات بسيئتاتناها		TADDRESS	<u> </u>			
STREET ADDRESS	·	•	2.4 CITY-					
CITY-ST-ZIP		DELETE	3.1 TITLE			☐ Change	☐ Addition	
TITLE			3.2 NAME	i	•	•		
NAME	}		•	T ADDRESS				
STREET ADDRESS					·			
CITY-ST-ZIP		☐ DELETE	3.4. CITY- 4.1 TITLE	31-ZIP		☐ Change	Addition	
ππLE		€ Dereir				,		
NAME	1		4, 2 NAME					
STREET ADDRESS				T ADDRESS	·			
CITY-ST-ZIP	ļ <u> </u>	□ OFFETE	4.4 CITY-	ST-ZIP		Change	Addition	
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME				C., 100,000	
NAME	1			TADDDCCC	•			
STREET ADDRESS				T ADDRESS	•			
CITY-ST-ZIP	-		5.4 CITY-1	ST-ZIP		Channa	- Addition	
TITLE		☐ DELETE	6.1 TITLE	1		Change	Addition	
NAME			6.2 NAME					
· ** • ***	l)							
STREET ADORESS			6.3 STREE	T ADDRESS				

14. 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 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 changes of an an attachment with an address, with all other like empowered.

SIGNATURE: