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Apr 18 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # K22951 (3)  
1. Corporation Name  
WESTER CITRUS CARETAKING AND NURSERY, INC.



Principal Place of Business Mailing Address  
1590 COPENHAVER ROAD P.O. BOX 2699, N/A  
FT. PIERCE FL 34945 FT. PIERCE FL 34954-2699  
US US

3. Date Incorporated or Qualified 05/02/1988 3a. Date of Last Report 06/14/1996  
4. FEI Number 65-0065390 Applied For Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address  
21 22500 Okeechobee Rd 26 Suite, Apt #, etc.  
22 City & State 27 City & State  
23 Ft. Pierce, FL 28 Zip Country  
24 34945 25 St. Lucie 29 30

9. Name and Address of Current Registered Agent  
WESTER, JERRY WAYNE  
1590 COPENHAVER RD  
FT PIERCE FL 34945

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
DP	WESTER, JERRY WAYNE	1590 COPENHAVER RD	FT PIERCE FL	<input type="checkbox"/>
DVP	WESTER, MICHAEL	3530 4TH PLACE, S.W.	VERO BEACH FL	<input type="checkbox"/>
DT	ADAMS, ROBERT	27500 OKEECHOBEE RD	FT PIERCE FL	<input checked="" type="checkbox"/>
DS	WESTER, MARK	7905 LAKELAND BOULEVARD	FORT PIERCE FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
11	12	13	14	15
21	22	23	24	25
31	32	33	34	35
41	42	43	44	45
51	52	53	54	55
61	62	63	64	65

14. I do 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, unchanged or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0474197

CR2E034 (9/96)