

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

**FILED**  
**May 09 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 # K46022 (5)**  
 1. Corporation Name  
**SUNRISE CITRUS GROVES, INC.**



Principal Place of Business  
**P O BOX 1746 JUPITER FL 33468**

Mailing Address  
**P O BOX 1746 JUPITER FL 33468-1746**

3. Date Incorporated or Qualified **11/17/1988** 3a. Date of Last Report **03/05/1996**

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip Country  
 29 30

4. FEI Number **65-0084311** 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

9. Name and Address of Current Registered Agent  
**GARY, JOHN W. III  
 701 US HWY ONE  
 SUITE 402  
 NORTH PALM BEACH FL 33408**

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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	STD	<input type="checkbox"/> DELETE
NAME	GINN, SHANNON R	
STREET ADDRESS	5222 DESERT VIXEN RD.	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	SNIVELY, M. PATE	
STREET ADDRESS	2288 EXECUTIVE DR	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MARTYN, CHARLES P III	
STREET ADDRESS	303 TEQUESTA DR	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE	SA	<input type="checkbox"/> DELETE
NAME	PAMELA J. KING	
STREET ADDRESS	3295 S.W. SUNSET TRACE CIRCLE	
CITY-ST-ZIP	PALM CITY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GINN, SHANNON R,	
1.3 STREET ADDRESS	818 Lakeside Drive	
1.4 CITY-ST-ZIP	North Palm Beach, Fl. 33408	
2.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BILLS, JOHN C.	
2.3 STREET ADDRESS	3910 RCA Blvd., Ste 1011	
2.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33410	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 if changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_

CR2E034 (9/96)