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May 07, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K57787

1. Corporation Name

GARLAND'S BEST CITRUS, INC.

Principal Place of Business

C/O GARLAND W. GOLDSTON
5231 RENOIR DRIVE
ORLANDO FL 32818-1346

Mailing Address

C/O GARLAND W. GOLDSTON
5231 RENOIR DRIVE
ORLANDO FL 32818-1346

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/12/1989

4. FEI Number

59-2923366

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 4846 Indialantic Dr.
Suite, Apt. #, etc.

2a. Mailing Address

26 4846 Indialantic Dr.
Suite, Apt. #, etc.

City & State

23 Orlando, FL

City & State

28 Orlando, FL

Zip

24 32808

Country

25 U.S.A.

Zip

29 32808

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

GOLDSTON, GARLAND W.
5231 RENOIR DRIVE
ORLANDO FL 32808

10. Name and Address of New Registered Agent

81 Name

Dennis Fletcher

82 Street Address (P.O. Box Number is Not Acceptable)

4846 Indialantic Dr.

83

84 City

Orlando

FL

85 Zip Code

32808

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

Dennis J. Fletcher

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/1/99

DATE

12. OFFICERS AND DIRECTORS

TITLE ~~DP~~ ☒ DELETE

NAME GOLDSTON, GARLAND W.
STREET ADDRESS 5231 RENOIR DRIVE
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME President
1.3 STREET ADDRESS Dennis J. Fletcher
1.4 CITY-ST-ZIP 4846 Indialantic Dr.
Orlando, FL 32808

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Dennis J. Fletcher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-99 407-578-2015

Date

Daytime Phone #

CR2E034 (11/98)