

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 10: 01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K83905 (5)

1. Corporation Name
K & C CITRUS, INC.

Principal Place of Business

Mailing Address

4 DOWNING PLACE
CHELMSFORD MA 01824

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CHELMSFORD MA 01824

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 04/27/1989 3a. Date of Last Report 04/20/1994

4. FEI Number 58-1841999 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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NOLAN, MICHAEL J
CARLTON, FIELDS, WARD, EMMANUEL, SMITH &
CUTTER, P.A. ONE HARBOR PLACE
TAMPA FL 33601

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

(NOTE: Registered Agent signature required when retaining)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DST
NAME KINNETT, HARRIET C
STREET ADDRESS 4 DOWNING PL
CITY - ST - ZIP CHELMSFORD MA

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE DP
NAME KINNETT, MELVIN R JR
STREET ADDRESS 4 DOWNING PL
CITY - ST - ZIP CHELMSFORD MA

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE D
NAME CLEWIS, RICHARD M JR
STREET ADDRESS 2401 BAYSHORE BLVD #808
CITY - ST - ZIP TAMPA FL

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME Blank
3.3 STREET ADDRESS Removed as Director
3.4 CITY - ST - ZIP

TITLE D
NAME CLEWIS, KATHRINE KYLE
STREET ADDRESS 2401 BAYSHORE BLVD #808
CITY - ST - ZIP TAMPA FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] April 25, 1995 (508) 256-8545
DATE (Type Name)