## 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 # K83905**

1. Corporation Name

K & C CITRUS, INC.

## FILED May 12, 1999 8:00 am Secretary of State

05-12-1999 90002 031 \*\*\*150.00



Mailing Address Principal Place of Business 4 DOWNING PLACE 4 DOWNING PLACE CHELMSFORD MA 01824 CHELMSFORD MA 01824 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 04/27/1989 Applied For 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Not Applicable 58-1841999 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 \$5.00 May Be City & State 6. Election Campaign Financing City & State  $\Box$ Added to Fees Trust Fund Contribution 28 23 Country Country Zip This corporation owes the current year Intangible Zip □ No 30 Personal Property Tax. 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name NOLAN, MICHAEL J Street Address (P.O. Box Number is Not Acceptable) BROAD AND CASSEL, ATTORNEYS AT LAW 100 N. TAMPA ST. SUITE 3500 83 **TAMPA FL 33602** 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Change DELETE 1.1 TITLE TITLE KINNETT, HARRIET C 1.2 NAME NAME 4 DOWNING PL 1.3 STREET ADDRESS STREET ADDRESS CHELMSFORD MA 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 2.1 TITLE TITLE KINNETT, MELVIN R JR 22 NAME NAME 4 DOWNING PL 2.3 STREET ADDRESS STREET ADDRESS CHELMSFORD MA 2. 4 CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition 3.1 TITLE TITLE CLEWIS, KATHRINE KYLE 3.2 NAME 2401 BAYSHORE BLVD #808 3.3 STREET ADDRESS STREET ADDRES TAMPA FL 3.4, CITY-ST-ZIP CITY-ST-ZIF □ Addition Change ☐ DELETE 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY+ST-ZIP CITY-ST-ZIF

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:

SHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Relain

Rela

5/1/99

978-256 -9546

Daytime Phone #

CR2E034 (11/98)