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May 14, 1999 8:00 am
Secretary of State

05-14-1999 90001 008 ***450.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # K95394

1. Corporation Name

FIRST ATLANTIC CITRUS, INC.

Principal Place of Business

4420 NORTH OLD DIXIE
VERO BEACH FL 32967
US

Mailing Address

P O BOX 429
VERO BEACH FL 32961-0429
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/13/1989

4. FEI Number

65-0139817

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 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

FECHTMAYER, PHILIP
11380 PROSPERITY FARMS RD.
STE 220A
PALM BCH GARDENS FL 33410

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | GROVES, DON | |
| STREET ADDRESS | 4430 NORTH OLD DIXIE | |
| CITY-ST-ZIP | VERO BEACH FL | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | VALDES, ALBERT | |
| STREET ADDRESS | 4420 NORTH OLD DIXIE | |
| CITY-ST-ZIP | VERO BEACH FL | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | GROVES, PAMELA | |
| STREET ADDRESS | 4420 NORTH OLD DIXIE | |
| CITY-ST-ZIP | VERO BEACH FL | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | GROVES, JAME' | |
| STREET ADDRESS | 4420 NORTH OLD DIXIE | |
| CITY-ST-ZIP | VERO BEACH FL | |
| TITLE | STD | <input type="checkbox"/> DELETE |
| NAME | PACK, SANDY | |
| STREET ADDRESS | 4420 NORTH OLD DIXIE | |
| CITY-ST-ZIP | VERO BEACH FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 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 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:

Sandy Pack
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/99

561-567-5353

CR2E034 (11/98)