

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

FILED
May 14, 1999 8:00 am
Secretary of State

05-14-1999 90001 008 ***450.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # L03625

1. Corporation Name

A.V. CITRUS SALES, INC.

Principal Place of Business

4420 N OLD DIXIE
VERO BCH FL 32967
US

Mailing Address

PO BOX 429
VERO BCH FL 32961-0429
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/20/1989

4. FEI Number

65-0139701

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip Country

9. Name and Address of Current Registered Agent

FECHTMEYER, PHILIP
11380 PROSPERITY FARMS RD.
220A
PALM BEACH GARDENS FL 33467

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	VALDES, ALBERT	
STREET ADDRESS	4420 N OLD DIXIE	
CITY-ST-ZIP	VERO BCH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GROVES, DON	
STREET ADDRESS	4420 N OLD DIXIE	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GROVES, PAMELA	
STREET ADDRESS	4420 N OLD DIXIE	
CITY-ST-ZIP	VERO BCH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GROVES, JAME'	
STREET ADDRESS	4420 N OLD DIXIE	
CITY-ST-ZIP	VERO BCH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PACK, SANDY	
STREET ADDRESS	4420 N OLD DIXIE	
CITY-ST-ZIP	VERO BCH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DOWNS, DENNIS	
STREET ADDRESS	4420 NORTH OLD DIXIE	
CITY-ST-ZIP	VERO BCH FL	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)