

MEMO: THE PREPRINTED FORM WE RECEIVED WAS "LOST". ALL INFO

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

FILED

May 20 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L40499**  
1. Corporation Name

**CITRUS CARTON SALES, INC.**

Principal Place of Business Mailing Address

**9830 JACKSON ROAD  
LEESBURG FL 34788-3505**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**01/02/90**

2. Principal Place of Business <b>21 9830 JACKSON ROAD</b> Suite, Apt. #, etc. <b>22</b>	2a. Mailing Address <b>26 SAME</b> Suite, Apt. #, etc. <b>27</b>	4. FEI Number <b>59-2987243</b> Applied For Not Applicable
City & State <b>23 LEESBURG FL</b>	City & State <b>28</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip <b>24 34788</b>	Country <b>25</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
Country <b>29</b>		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**SAME**

**RUFUS B WARD  
9830 JACKSON RD  
LEESBURG, FL 34788**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City <b>FL</b> 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 type for person named in registered agent and if not applicable)

(NOTE: Registered Agent Signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RUFUS B WARD</b>	1.2 NAME	
STREET ADDRESS	<b>9830 JACKSON RD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LEESBURG FL 34788-3505</b>	1.4 CITY-ST-ZIP	
TITLE	<b>S/T</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JEAN P WARD</b>	2.2 NAME	
STREET ADDRESS	<b>9830 JACKSON RD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LEESBURG FL 34788-3505</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(c), 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 a 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND APPLIED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**300002532693**  
**-05/22/98--01013--026**  
**\*\*\*150.00**

**4/20/98** **352-787-5007**

CR2E034 (10/97)