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PROFIT CORPORATION ANNUAL REPORT

1999

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FLORIDA DEPLIRTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90072 036 ***150.00

L63231 1. Corporation Name ALL CITRUS, INC. Principal Place of Business Mailing Address % JAY HOWARD CROUCH. III % JAY HOWARD CROUCH, III 410 SUNRISE DR. 410 SUNRISE DR. DO NOT WRITE IN THIS SPACE FT. PIERCE FL 34945 FT. PIERCE FL 34945 3. Date Incorporated or Qualifed 04/06/1990 Applied For 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Not Applicable 65-0215763 26 21 \$8.75 Additional Suite, Apt, #, etc. Suite, Apt. #, etc. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & 5 tate Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Zip 8. This corporation owes the current year Intangible Country Zip \neg_{No} Personal Property Tax. 25 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CROUCH, JAY H., III Street Aildress (P.O. Box Number is Not Acceptable) 410 SUNRISE DR. FT. PIERCE FL 34945 Zip Code 84 City 85 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 (NO E: Registered Agent signature recuired when reinstating Signature, typed or printed name of registered agen and little if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition Change □ DELETE 1.1 TITLE TITLE 1.2 NAME NAME CROUCH, JAY H., III 410 SUNRISE DR 1.3 STREET ADDRESS STREET ADDRESS FT. PIERCE FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE TITLE 2.1 TITLE 2.2 NAME CROUCH, JOYCE H. NAME 2.3 STREET ADDRESS STREET ADDRESS 410 SUNRISE DR CITY-ST-ZIP FT. PIERCE FL 2.4 CITY-ST-ZIP Addition DELETE ☐ Change 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition 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 6.1 TITLE Addition ☐ DELETE Change TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

I here by certify that the information supplied with this filing does not qualify or 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 change 1, or on an attachment with an address, with all other like empowered.

CR2E034 (11/98)