FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR 25 PM 2:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M02261 (9)

1. Corporation Name
SUN CITRUS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5300 SUN CITRUS BLVD. P.O.BOX 578 FT. PIERCE FL 34954	5300 SUN CITRUS BLVD. P.O.BOX 578 FT. PIERCE FL 34954

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/28/1984
3a. Date of Last Report: 03/29/1994

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

4. FEI Number: 59-2436615 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CUSHMAN, MICHAEL D.
5300 SUN CITRUS BLVD

FT. PIERCE FL 34950

10. Name and Address of New Registered Agent

(01) Name
(02) Street Address (P.O. Box Number is Not Acceptable)
(03)
(04) City FL (05) 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	1.1 TITLE	S/T/D	☒ Change ☐ Addition
NAME	MASSINGILL, JOAN	1.2 NAME		
STREET ADDRESS	1180 N.FEDERAL HWY.	1.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BCH. FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE	D	☒ Change ☒ Addition
NAME	VRANA, E.J.	2.2 NAME	Chesler, Darla	
STREET ADDRESS	1180 N.FEDERAL HWY.	2.3 STREET ADDRESS	4405 N. Ocean Dr.	
CITY-ST-ZIP	POMPANO BCH. FL	2.4 CITY-ST-ZIP	Lauderdale-by-the-Sea, FL 33308	
TITLE	PD	3.1 TITLE	D	☒ Change ☐ Addition
NAME	ROTH, BOB	3.2 NAME		
STREET ADDRESS	5660 GRIFFIN RD.	3.3 STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	CUSHMAN, ALLEN	4.2 NAME		
STREET ADDRESS	3325 FOREST HILL BLVD.	4.3 STREET ADDRESS		
CITY-ST-ZIP	W.PALM BCH. FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	P/D	☒ Change ☒ Addition
NAME	SPYKE, TOM	5.2 NAME	Robert Spiece	
STREET ADDRESS	7250 GRIFFIN RD.	5.3 STREET ADDRESS	7250 Griffin Road	
CITY-ST-ZIP	FT. LAUDERDALE FL	5.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33314	
TITLE	VD	6.1 TITLE		☐ Change ☐ Addition
NAME	CUSHMAN, MICHAEL	6.2 NAME		
STREET ADDRESS	5300 SUN CITRUS BLVD.	6.3 STREET ADDRESS		
CITY-ST-ZIP	FT.PIERCE FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: M. D. Cushman 2/27/95 (407) 464-3000
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

M. D. Cushman

0463031 FP