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Jan 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # M02261 (9)

1. Corporation Name
SUN CITRUS ASSOCIATION, INC.



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

Mailing Address
5300 SUN CITRUS BLVD.
P.O. BOX 578
FT. PIERCE FL 34954-0578
US

3. Date Incorporated or Qualified
06/28/1984

3a. Date of Last Report
06/14/1996

2. Principal Place of Business
21 5300 SUN CITRUS BLVD.

2a. Mailing Address
26 5300 SUN CITRUS BLVD

4. FEI Number
59-2436615

Applied For
Not Applicable

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

22 City & State
23 FORT PIERCE, FL

27 City & State
28 FORT PIERCE, FL

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip Country
34946 ST. LUCIE

29 Zip Country
34946 ST. LUCIE

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JUNE A. STADNIK
5300 SUN CITRUS BLVD
FT. PIERCE FL 34950

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code 34946

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
STD	MASSINGILL, JOAN	1180 N. FEDERAL HWY.	POMPANO BCH. FL	<input type="checkbox"/>
D	CHESIER, DARLA	4405 N. OCEAN DR.	LAUDERDALE-BY-THE-SEA FL	<input checked="" type="checkbox"/>
D	ROTH, BOB	5660 GRIFFIN RD.	DAVIE FL	<input type="checkbox"/>
D	CUSHMAN, ALLEN	3325 FOREST HILL BLVD.	W. PALM BCH. FL	<input type="checkbox"/>
D	SPIECE, ROBERT	7250 GRIFFIN ROAD	FT. LAUDERDALE FL	<input type="checkbox"/>
VD	CUSHMAN, MICHAEL	5300 SUN CITRUS BLVD.	FT. PIERCE FL	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	CHANGE	ADDITION
1.1	1.2	1.3	1.4	<input type="checkbox"/>	<input type="checkbox"/>
2.1	2.2	2.3	2.4	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.1	3.2	3.3	3.4	<input type="checkbox"/>	<input type="checkbox"/>
4.1	4.2	4.3	4.4	<input type="checkbox"/>	<input type="checkbox"/>
5.1	5.2	5.3	5.4	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.1	6.2	6.3	6.4	<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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 in an attachment with an address.

SIGNATURE: _____ ROBERT R. SPICE, JR. 01/15/97 (561)464-3000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)