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 MAY -1 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M83236 (3)

1. Corporation Name
GULF-ATLANTIC CITRUS CORPORATION

Principal Place of Business	Mailing Address
1050 SNIVELY AVENUE WINTER HAVEN FL 33880-5607	P.O. BOX 5607 WINTER HAVEN FL 33880

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/25/1988
3a. Date of Last Report: 05/11/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24 Country — 25
Zip — 29 Country — 30

4. FEI Number: 59-2887788 ☐ 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 § 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CROSBY, BEN
1050 SNIVELY AVENUE
WINTER HAVEN FL 33880

10. Name and Address of New Registered Agent

81 Name: COLE, KENNETH
82 Street Address (P.O. Box Number is Not Acceptable): 1050 SNIVELY AV
83: WINTER HAVEN, FL 33880
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: Kenneth Cole .CEO — 5-8-95
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE	d	☑ Change ☐ Addition
NAME	CROSBY, BEN	12 NAME	CROSBY, BEN	
STREET ADDRESS	1050 SNIVELY AVENUE	13 STREET ADDRESS	1050 SNIVELY AV	
CITY-ST-ZIP	WINTER HAVEN FL	14 CITY-ST-ZIP	WINTER HAVEN, FL	
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	BAKER, JEFF	22 NAME		
STREET ADDRESS	1050 SNIVELY AVENUE	23 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL	24 CITY-ST-ZIP		
TITLE	D	31 TITLE	DP	☑ Change ☐ Addition
NAME	COLE, KENNETH	32 NAME	COLE, KENNETH	
STREET ADDRESS	1549 STATE ST.	33 STREET ADDRESS	1549 STATE ST	
CITY-ST-ZIP	SARASOTA FL 34236	34 CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE	DVT	41 TITLE		☐ Change ☐ Addition
NAME	BRONLEEWE, THOMAS G.	42 NAME		
STREET ADDRESS	237 50TH TERRACE N	43 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL	44 CITY-ST-ZIP		
TITLE	SD	51 TITLE		☐ Change ☐ Addition
NAME	MACKMEEKIN, JAMES	52 NAME		
STREET ADDRESS	100 THORNHILL RD	53 STREET ADDRESS		
CITY-ST-ZIP	AUBURNDALE FL	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☑ Change ☐ Addition
NAME	STRONG, DONALD	62 NAME	NO LONGER ON BOARD	
STREET ADDRESS	704 S LAKESHORE BLVD.	63 STREET ADDRESS	DELETE	
CITY-ST-ZIP	HOWEY IN HILLS FL	64 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 added by attachment with an address.

SIGNATURE: Kenneth Cole — 4/13/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0448187 FP