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FILED
Mar 24 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 # M83354

(4)

1. Corporation Name

W/W CITRUS COMPANY



Principal Place of Business

6700 S. FLORIDA AVE.
SUITE #6
LAKELAND FL 33813

Mailing Address

PO BOX 6420
LAKELAND FL 33807-6420

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/01/1988

3a. Date of Last Report

12/09/1996

4. FEI Number

59-2883030

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

10. Name and Address of New Registered Agent

ELLSWORTH, JR., W M
6700 S. FLORIDA AVE.
SUITE #6
LAKELAND FL 33813

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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

(Signature of person or printer's name of registered agent and the filer, if applicable)

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	☐ DELETE
NAME	ELLSWORTH, JR., W M	
STREET ADDRESS	6700 S. FLORIDA AVE.	
CITY- ST- ZIP	LAKELAND FL 33813	
TITLE	VPD	☐ DELETE
NAME	ELLSWORTH, S M	
STREET ADDRESS	6700 S. FLORIDA AVE.	
CITY- ST- ZIP	LAKELAND FL 33813	
TITLE	STD	☐ DELETE
NAME	BADCOCK, M E	
STREET ADDRESS	6700 S. FLORIDA AVE.	
CITY- ST- ZIP	LAKELAND FL 33813	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

1.1 TITLE	P/D	☒ Change ☐ Addition
1.2 NAME	ELLSWORTH, JR. W. WILLIAM	
1.3 STREET ADDRESS		
1.4 CITY- ST- ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY- ST- ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY- ST- ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY- ST- ZIP		

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, hereon, or on an attachment with an address.

SIGNATURE:

W. Wm. Ellsworth, Jr.

3/19/97 (941) 644-9197

Date

Day/Minute/Phone # 0010531

CR2E034 (9/96)