

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Mar 12 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

Mailing Address

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

~~PO BOX 6420~~
~~LAKELAND FL 33807~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	6700 S. Florida Avenue	26	P O BOX 7220
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	Suite #1	27	
City & State		City & State	
23	Lakeland, FL	28	Lakeland, FL
Zip	Country	Zip	Country
24	33813	25	USA
29	33807	30	USA

3. Date Incorporated or Qualified 06/01/1988	
4. FEI Number 59-2893030	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ELLSWORTH, JR., W M 6700 S. FLORIDA AVE. SUITE #6 LAKELAND FL 33813		81 Name S. M. ELLSWORTH	
		82 Street Address (P.O. Box Number is Not Acceptable) 6700 S. Florida Avenue	
		83 Suite #1	
		84 City Lakeland,	
		85 Zip Code FL 33813	

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 *S. M. Ellsworth* **3/6/98**
S. M. Ellsworth (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO- ELLSWORTH, JR. W. WILLIAM <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6700 S. FLORIDA AVE.	1.2 NAME	
STREET ADDRESS	LAKELAND FL -	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VPD- ELLSWORTH, S M <input type="checkbox"/> DELETE	2.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6700 S. FLORIDA AVE.	2.2 NAME	
STREET ADDRESS	LAKELAND FL 33813	2.3 STREET ADDRESS	6700 S. Florida Ave. Suite #1
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	STD BADCOCK, M E <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6700 S. FLORIDA AVE.	3.2 NAME	
STREET ADDRESS	LAKELAND FL 33813	3.3 STREET ADDRESS	6700 S. Florida Ave. Suite #1
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 on an attachment with an address.

SIGNATURE: *S. M. Ellsworth* **President** **3/6/98** **(941) 647-5123**

CP2E034 (10/97)