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Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90085 036 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M83354**

1. Corporation Name
W/W CITRUS COMPANY

Principal Place of Business

Mailing Address

6700 S FLORIDA AVE
STE 1
LAKELAND FL 33813
US

P O BOX 7220
LAKELAND FL 33807
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/01/1988

4. FEI Number

59-2893030

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

25

29 Zip Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~ELLSWORTH, S M~~
~~6700 S FLORIDA AVE~~
~~STE 1~~
~~LAKELAND FL 33813~~

81 Name

S. M. Ellsworth

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

6700 S. Florida Ave., #1

83

84 City
Lakeland

FL

85 Zip Code
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

Printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/7/99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **PD**
ELLSWORTH, S M
STREET ADDRESS **6700 S FLORIDA AVE STE 1**
CITY-ST-ZIP **LAKELAND FL 33813**

TITLE ☐ DELETE

NAME **STD**
BADCOCK, M E
STREET ADDRESS **6700 S FLORIDA AVE STE 1**
CITY-ST-ZIP **LAKELAND FL 33813**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/99

Date

941/647-5123

Daytime Phone #

CR2E034 (11/98)