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Annual Report
Filed 5-1-93

2pgs.

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CORPORATION ANNUAL REPORT 1993

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

MY-1'93

APPROVED
SEC. OF STATE
TALLAHASSEE, FLA.
FILED

1. Name and Mailing Address of Corporation: DOCUMENT # M83354 (4)

Previous
W/W CITRUS COMPANY
1955 E.F. ~~GRIFFEN~~ RD. GRIFFIN
P.O. BOX 2186
BARTOW FL 33830-2186

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2.

DO NOT WRITE IN THIS SPACE

FILING FEE	ANNUAL REPORT $61.25 + $138.75 CORPORATION SUPPLEMENTAL FEE
$200.00	MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

3. Date Incorporated or Qualified: 06/01/1988
3a. Date of Last Report: 06/11/1992
4. FEI Number: 592893030 (Applied For / Not Applicable)

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

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $138.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

~~ELLSWORTH, KENT C.~~
~~608 W. ALAMO DR.~~
~~LAKELAND FL 33813~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 1955 E. F. GRIFFIN ROAD
83
84 City: BARTOW FL | 85 Zip Code: 33830 | 86 Country: USA

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 (if any) named with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE 4/23/93
(Registered Agent Accepting Appointment)
Kent C. Ellsworth

12. OFFICERS AND DIRECTORS		13. OFFICERS AND DIRECTORS CHANGES	
1.1 TITLE		1.1 TITLE	P
1.2 NAME	~~ELLSWORTH, KENT C.~~	1.2 NAME	KENT C. ELLSWORTH
1.3 ADDRESS	~~200 W. ALAMO DR.~~	1.3 ADDRESS	1955 E. F. Griffin Road
1.4 CITY ST ZIP	~~LAKELAND FL~~	1.4 CITY ST ZIP	Bartow, Florida 33830
2.1 TITLE		2.1 TITLE	
2.2 NAME		2.2 NAME	
2.3 ADDRESS		2.3 ADDRESS	
2.4 CITY ST ZIP		2.4 CITY ST ZIP	
3.1 TITLE		3.1 TITLE	
3.2 NAME		3.2 NAME	
3.3 ADDRESS		3.3 ADDRESS	
3.4 CITY ST ZIP		3.4 CITY ST ZIP	
4.1 TITLE		4.1 TITLE	
4.2 NAME		4.2 NAME	
4.3 ADDRESS		4.3 ADDRESS	
4.4 CITY ST ZIP		4.4 CITY ST ZIP	
5.1 TITLE		5.1 TITLE	
5.2 NAME		5.2 NAME	
5.3 ADDRESS		5.3 ADDRESS	
5.4 CITY ST ZIP		5.4 CITY ST ZIP	
6.1 TITLE		6.1 TITLE	
6.2 NAME		6.2 NAME	
6.3 ADDRESS		6.3 ADDRESS	
6.4 CITY ST ZIP		6.4 CITY ST ZIP	

14. I 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. I further certify 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 or Chapter 617, Florida Statutes, and that my name appears in Block 12 above, in Block 13 in change or on an attachment with an address.

SIGNATURE _____ DATE 4/23/93

Print/Type Name of Signing Officer or Director	Title(s)	Daytime Telephone Number
Kent C. Ellsworth	President	(813) 533-0490

CR2E034 (11/92)