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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # M89924

CITRUS GROWERS, INC.

0111100	anoneio, mo								
Principal Plac	e of Business	Mailing Address	5					•	
% CARL M. WI			% CARL M. WILBURN			·			
1100 VAUGHN ROAD. 1100 VAUGHN ROAD.						DO NOT WRI	TE IN THIS SI	PACE	
SEBRING FL 33872 SEBRING FL 33872			172			3. Date Incorporated or Qualifed			
						07/18/1988			
2. Principal P	Place of Business	2a. Mailing Add	ress			4. FEI Number		App	lied For
21		26				59-3083065		Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #	, etc.			5. Certificate of Status Desired		\$8.75 A	dditional
22		27				5. Certificate of Status Desired		Fee Red	quired
	le	City & State	;			6. Election Campaign Financing		\$5.00	
23		28			<del> </del>	Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	r	Country		8. This corporation owes the cur	_	<u>-</u>	
24		29	30	<u> </u>		Personal Property Tax.		Yes	<u> </u>
	9. Name and Address of Curre	ent Registered Agent		81	Name	10. Name and Address of New I	registered Aç	ient.	
Will	RUDN CADI M			"	Ivanie	·			
City & State  Zip Country  Zip Country  24 25  9. Name and Address of Curre  WILBURN, CARL M.  1100 VAUGHN ROAD.  SEBRING FL 33872  11. Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig  SIGNATURE  Signature, typed or printed name of registered agent.  12. OFFICERS A			82	Street Add	ress (P.O. Box Number is Not Accept	able)			
	•	*		83		* 1.72 (*2) 1.43 (*2) 1.45 (*2) 1.45	Service Commission Commission Commission Commission Commission Commission Commission Commission Commission Com Commission	<u>. v ka e e e e</u> . 6131 (j. 19	
020	, m o 1 E 0007 E			103		1	多舊 包配		
				84	City			85 Zip C	ode"
office or i agent. I a	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such char pations of, Section 607	nge was auth .0505, Florida	orized by a Statutes	the corporati	on's board of directors. I hereby acce	pt the appoint	nent as reg	istered
12			(NOIL. NO	13.	ii signataro require	ADDITIONS/CHANGES TO OF		DIRECTO	RS IN 12
			DELETE	1.1 TITLE		. 7637435		Change	Addition
	1 7	<b>T</b>		1.2 NAME	ĺ	Service Services			İ
STREET ADDRESS	AAAA MAHAHAHA DOAD			1.3 STREET	TADORESS				ł
CITY-ST-ZIP	SEBRING FL			1.4 CITY-S	T-ZIP				
TITLE	D		DELETE	2.1 TITLE				Change	☐ Addition
NAME	WILBURN, BETTY A.			2.2 NAME		•			ĺ
STREET ADDRESS	AAAA MAMAANINI BOAD			2.3 STREET	F ADDRESS				
CITY-ST-ZIP	SEBRING FL			2. 4 CITY-S	ST-ZIP				
TITLE	DP		DELETE	3.1 TITLE	- · · ·		· 1	Change	☐ Addition
NAME :	WILBURN, CARL M.			3.2 NAME			•		•
STREET ADDRESS	1100 VAUGHN ROAD	<b>s</b> *		3.3 STREET	T ADDRESS	1 781 65 75 87 136		: in : ::	91 - 15 18 18 18 18 18 18 18 18 18 18 18 18 18
CITY-ST-ZIP	SEBRING FL			3.4. CITY-S	ST-ZIP		5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-10	
TITLE	D		DELETE	4.1 TITLE				Change	Addition
NAME	PATTERSON, TAMMY A.		1	4. 2 NAME		The state of the s			
STREET ADDRESS						हिंदी होता है। इस्ते हैं के क्षेत्र है के किस क 			i
CITY-ST-ZIP	SEBRING FL			4.3 STREE	TADDRESS	निक्षण विश्वस्था । स्थापन			İ
			DS: 575	4.4 CITY-S				Change	Addition
TITLE	DS		DELETE	4.4 CITY-S 5.1 TITLE			_		Addition:
NAME	DS WILBURN, BETTY A.		DELETE	4.4 CITY-S 5.1 TITLE 5.2 NAME	T-ZIP		_	Change = : !	<del></del> [_] Addition:-
NAME STREET ADDRESS	DS WILBURN, BETTY A. 1100 VAUGHN RD		DELETE	4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE	T-ZIP	1987 A. 1897	_		Addition:
NAME STREET ADDRESS CITY-ST-ZIP	DS WILBURN, BETTY A.	_		4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-S	T-ZIP		· · · · · · · · · · · · · · · · · · ·		
NAME STREET ADDRESS CITY-ST-ZIP TITLE	DS WILBURN, BETTY A. 1100 VAUGHN RD	_	DELETE	4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-S 6.1 TITLE	T-ZIP	1987 A. 1897	· · · · · · · · · · · · · · · · · · ·		Addition:
NAME STREET ADDRESS CITY-ST-ZIP	DS WILBURN, BETTY A. 1100 VAUGHN RD SEBRING FL	_		4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-S 6.1 TITLE 6.2 NAME	T-ZIP	1987 A. 1897	· · · · · · · · · · · · · · · · · · ·		

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.

6.4 CITY-ST-ZIP

SIGNATURE:

**FILED** 

Feb 18, 1999 8:00am

**Secretary of State** 

02-18-1999 90016 047 \*\*\*150.00