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Aug 12, 1999 8:00 am
Secretary of State

08-12-1999 90007 007 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P92000002747 (3)

1. Corporation Name

B & D CITRUS, INC.

Principal Place of Business
1600 COLLEEN DRIVE
ORLANDO, FL 32809

Mailing Address
P. O. BOX 9087
WINTER HAVEN, FL
33883

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/06/1992

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip Country

2a. Mailing Address

26 P. O. BOX 9087

27 Suite, Apt. #, etc.

28 City & State

28 WINTER HAVEN, FL

29 Zip Country
33883 POLK

4. FEI Number

59-3150743

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KERRY M. WILSON
141 5TH STREET NW
WINTER HAVEN, FL 33881

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME WILLIAM M. BENTLEY, JR. ☐ DELETE
STREET ADDRESS 5223 ALEMAN PLACE
CITY - ST - ZIP BONITA, CA 91902

TITLE D
NAME CARMEN M. BENTLEY ☐ DELETE
STREET ADDRESS 5223 ALEMAN PLACE
CITY - ST - ZIP BONITA, CA 91902

TITLE D
NAME C. KAY DEMARAY ☐ DELETE
STREET ADDRESS 1600 COLLEEN DRIVE
CITY - ST - ZIP ORLANDO, FL 32809

TITLE S
NAME R. GARY PRICE ☐ DELETE
STREET ADDRESS P. O. BOX 9087
CITY - ST - ZIP WINTER HAVEN, FL 33883

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
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 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:  R. GARY PRICE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/4/99

Date

(941) 299-5638

Daytime Phone #