FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000001413 (2)

1. Corporation Name

FLORIDA CITRUS CENTER, INC.

Principal Place of Business	Mailing Address
42 SLEEPY HOLLOW RD. DOCTORS INLET FL 32030 US	P. O BOX 8 DOCTORS INLET FL 32030 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/06/1993	3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-3165555	☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 — 2a. Mailing Address 26
Suite, Apt. #, etc. 22 — Suite, Apt. #, etc. 27
City & State 23 — City & State 28
Zip 24 Country 25 — 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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RIZK, ROGER W 4595 LEXINGTON AVENUE SUITE 100 JACKSONVILLE FL 32210	81 Name: M. RICHARD LEWIS JR. 82 Street Address (P.O. Box Number is Not Acceptable): 225 WATER ST. 83 SUITE 1800 84 City: JACKSONVILLE FL 85 Zip Code: 32201

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 M. Richard Lewis Jr. — 4-28-95
(Signature of registered agent) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1 1 TITLE	☐ Change ☐ Addition
NAME	ASHBY, GEORGE H JR	1 2 NAME	
STREET ADDRESS	42 SLEEPY HOLLOW RD.	1 3 STREET ADDRESS	
CITY ST ZIP	DOCTORS INLET FL	1 4 CITY ST ZIP	
TITLE	VP	2 1 TITLE	☐ Change ☐ Addition
NAME	JENNINGS, EDWARD A	2 2 NAME	
STREET ADDRESS	42 SLEEPY HOLLOW RD.	2 3 STREET ADDRESS	
CITY ST ZIP	DOCTORS INLET FL	2 4 CITY ST ZIP	
TITLE		3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY ST ZIP		3 4 CITY ST ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY ST ZIP		4 4 CITY ST ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY ST ZIP		5 4 CITY ST ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY ST ZIP		6 4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: [signature] — 4/27/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE

0400731 FP