FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

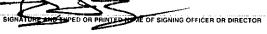
DOCUMENT #

P9300001413 (2)

FLOI	RIDA CITRUS CENTER, INC.	·	·			
Principal Place	e of Business	Mailing Address			4111	
42 SLEEPY HOLLOW RD. P. O. BOX 8 DOCTORS INLET FL 32030 DOCTORS INLET FL 32 US			L 32030			
		0\$		3. Date Incorporated or Qualified 01/06/1993	3a. Date of Last Report 05/01/1995	
·············	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
Suite Ant	# etc	Suite, Apt. #, etc.		59-3165555	Not Applicable	
27			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be	
Zip	Country	Zip	Country	This corporation has liability for	Added to Fees	
24	25	29	30		intangible tax under sil 199.032,	
	9. Name and Address of Current	Registered Agent		10. Name and Address of New F		
			81 Name			
Lewis, M. Richard Jr. 225 Water Street			82 Street Add	82 Street Address (P.O. Box Number is Not Acceptable)		
			00			
	E 1800		83			
JACK	SONVILLE FL 32201		84 City		85 Zip Code	
11 Pursuant	to the provisions of Sections 607.0502	and 607 1508 Florida Statut	as the above paged serve	votion pubmits this statement for the pur	FL S E P C C C C C C C C C	
familiar wi	red agent, or both, in the State of Florid, ith, and accept the obligations of, Section Squatter, based or printed name of registered agent a	on 607.0505, Florida Statutes	5.			
12.	OFFICERS AND		OTe: Registored Agent signature require 13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12	
TITLE	P	[] DELETE	1, 1 TITLE	7.00.10.10.10.10.10.10.10.10.10.10.10.10.	Change Addition	
NAME	ASHBY, GEORGE H JR		1.2 NAME			
STREET ADDRESS	42 SLEEPY HOLLOW RD.		1.3 STREET ADDRESS			
CITY-S1-ZIP	DOCTORS INLET FL		1.4 CITY-ST-ZIP			
TITLE	VP	☐ DELETE	2 1 TITLE		Change Addition	
NAME	JENNINGS, EDWARD A		2.2 NAME			
STREET ADDRESS	42 SLEEPY HOLLOW RD.		2 3 STREET ADDRESS	q'·		
CITY-ST-ZIP TITLE	DOCTORS INLET FL	DELFIE	2.4 CITY-ST-ZIP	1 -		
NAME	Ve		3 1 TOLE		☐ Change ✓ Addition	
STREET ADDRESS	7,570,000,000,000)(E	3.2 NAME			
CITY-ST-ZIP	JENNIAC , DERR	A O a 15	3.3 STREET ADDRESS			
TITLE	244	DECETE	34 CITY - ST - ZIP		Change Addition	
NAME		,	4.2 NAME		El criango 7 Modifioni	
STREET ADDRESS	ASKBY CIEBRA		4.3 STREET ADDRESS			
CITY-ST-Z-P	500c A	SLEGA	4.4 CITY-ST-ZIP			
TITLE		DELFTE	5 1 TIELE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-SI-ZIP			5 4 C-TY - ST - ZiP			
TITLE		☐ DELF1E	6. 1 TITLE		☐ Change ☐ Addition	
NAME	İ		6.2 NAME			
STREET ADORESS			6.3 STREET ADDRESS			
CITY - ST - 7)P	1		GARITY CT 7ID			

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)(k), 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:



Daytime Phone #