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 # P9300001413

FLORIDA CITRUS CENTER, INC.

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90135 033 ***150.00



Principal Place	e of Business	Mailing Address					ODIOL HEN GIOO	J 11000 titt 1001	
42 SLEEPY HOLLOW RD. DOCTORS INLET FL 32030 US		P. O. BOX 8 DOCTORS INLET FL 32030 US			i	DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
_						01/06/1993			4
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	<u> </u>	pplied For	-
21		26				<u>59-3165555</u>		ot Applicable	-
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	9	City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zip ·	Cou	intry		8. This corporation owes the current year In	tangible	_	
24	25 29 30			Personal Property Tax.		☐ Yes	□No	_	
	9. Name and Address of Current	Registered Agent		<u> </u>		10. Name and Address of New Registered	Agent		4
				81	Name Cmith	Hulaev & Bugov			
LEW		82 Street Addr			Hulsey & Busey ss (P.O. Box Number is Not Acceptable)			1	
	WATER STREET				225 W	ater Street, Suite 1800			
	E 1800			83					ŀ
JAC	(SONVILLE FL 32201			84	City		85 Zip	Code	1
					Jacks	onville F I	L 32	2202	
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. Prepared accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0005, Florida Statutes. SIGNATURE BST. DATE DATE DATE DATE								registered	
12.	OFFICERS AND		13.		ignotaro roquiros	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12	(11/98)
TITLE	P	DELETE	1.1 T				Change		Ξ [
NAME	ASHBY, GEORGE H JR	121		2 NAME					
STREET ADDRESS				TREET AL	DDRESS				F034
CITY-ST-ZIP	DOCTORS INLET FL			rry-st-z	up (8
TITLE	VP	☐ DELETE	2.1 ∏	MLE.			Change	Addition	ا د
NAME	JENNINGS, EDWARD A		2.2 N						
STREET ADDRESS			2.3 S	2.3 STREET ADDRESS					ł
CITY-ST-ZIP	DOCTORS INLET FL		2.40		ZIP				
TITLE	VP □ DELETE 3.1 T					Change	Addition	٠Ţ	
NAME	JENNINGS, DEBBIE	NGS DEBBIE 32N		AME					
STREET ADORESS	42 SLEEPY HOLLOW RD.	•		TREET A	DDRESS				
CITY-ST-ZIP	DOCTORS INLET FL		3.4. 0	CITY-ST-	ZIP				_}
TITLE	ST	☐ DELETE	4.1 17				☐ Change	☐ Addition	1
NAME	KÖSCIANSKI, MARILYN		4. 2 N	AME					1
1	42 SLEEPY HOLLOW RD.		4.3 5	TREET A	DDRESS				
CITY-ST-ZIP	DOCTORS INLET FL		4.4 C	:ITY-\$T-2	ZIP				
TITLE	RDM	☐ DELETE	5.1 TI				☐ Change	Addition	1
NAME	BENDER, STEVEN		5.2 N	AME					
STREET ADDRESS	42 SLEEPY HOLLOW RD.		5.3 \$	TREET A	DDRESS				متنة
CITY-ST-ZIP	DOCTORS INLET FL		5.4 0	ITY-ST-Z	ZIP			,	1
TILE	DOUGHOUNELI IE	DELETE	6.1 Ti	TILE	V,	P	Change	Addition	า
NAME			6.2 N	AME				-	
STREET ADDRESS			6.3 \$	TREET A	DDRESS 4	TER EYRIUL 2 SLEEPHHOUOU 20.			
					I	8 6 - 8			

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 togal 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 attactionent with an address, with all other like empowered.

SIGNATURE:

GIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR

Daytime Phone #