

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

**DOCUMENT # P93000017984 (4)**

1. Corporation Name  
**MOUNTAIN RIDGE CITRUS, INC.**



Principal Place of Business: 2433 ST RD 60 E LAKE WALES FL 33853 US  
Mailing Address: 2433 ST RD 60E LAKE WALES FL 33853 US

3. Date Incorporated or Qualified: 03/09/1993  
3a. Date of Last Report: 04/03/1995

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: NOT APPLICABLE  
Applied For: Not Applicable  
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  
**KOON DAVID M.  
2433 ST RD 60 E  
LAKE WALES FL 33853**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature (Typed or printed name of registered agent, if not a director) (The FEI Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	KOON, CHARLENE	
STREET ADDRESS	1109 CEPHIA STREET	
CITY-STATE-ZIP	LAKE WALES FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HITCHCOCK, DAVID	
STREET ADDRESS	1003 YARNELL AVENUE	
CITY-STATE-ZIP	LAKE WALES FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HITCHCOCK, KATHY	
STREET ADDRESS	1003 YARNELL AVENUE	
CITY-STATE-ZIP	LAKE WALES FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	KOON, DAVID M	
STREET ADDRESS	1109 CEPHIA STREET	
CITY-STATE-ZIP	LAKE WALES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	HITCHCOCK KATHY	
13 STREET ADDRESS	1003 YARNELL AVE	
14 CITY-STATE-ZIP	LAKE WALES FL 33853	
21 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	KOON CHARLENE	
23 STREET ADDRESS	1109 CEPHIA ST	
24 CITY-STATE-ZIP	LAKE WALES FL 33853	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-STATE-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-STATE-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-STATE-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-STATE-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)(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: Charlene Koon CHARLENE KOON 1-29-96 941-676-2378  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E034 (12/95)