

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
TAMARA H. BOWLING
Secretary of State
1995-1996 TERM

APPROVED
AND
FILED

95 MAY 10 11:10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000036929 (6)

1. Incorporation Number

DAN MILLER REALTY, INC.

DO NOT WRITE IN THIS SPACE

Principal Office Address: 8680 COLLEGE PKWY #240 FORT MYERS FL 33919 US
Mailing Address: POST OFFICE BOX 7527 FORT MYERS FL 33911

3. Date Incorporated or Qualified	3a. Date of Last Report
05/18/1993	06/10/1994
4. FEI Number	Applied For Not Applicable
65-0413402	
5. Certificate of Status Desired	\$6.75 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. 194.032 Florida Statutes.	☐ Yes ☐ No

2. Principal Office of the Agent	2a. Mailing Address
21. State (Applicable)	26. State (Applicable)
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WINESETT, RICHARD W 2248 FIRST ST. FT. MYERS FL 33901	81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 85. Zip Code

11. Pursuant to the provisions of Chapter 217, Part 1, Section 11.06, Florida Statutes, this office and corporation solemnly this statement for the purpose of changing its registered office to the above address in the State of Florida. This change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am authorized with regard to the filing of this report as required by Chapter 217, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME: D MILLER, DANIEL L P.O. BOX 7527 N/A FT. MYERS FL 33911	1. NAME: DANIEL E. Miller ☐ Change ☐ Addition
	2. NAME: ☐ Change ☐ Addition
	3. NAME: ☐ Change ☐ Addition
	4. NAME: ☐ Change ☐ Addition
	5. NAME: ☐ Change ☐ Addition
	6. NAME: ☐ Change ☐ Addition
	7. NAME: ☐ Change ☐ Addition
	8. NAME: ☐ Change ☐ Addition
	9. NAME: ☐ Change ☐ Addition
	10. NAME: ☐ Change ☐ Addition
	11. NAME: ☐ Change ☐ Addition
	12. NAME: ☐ Change ☐ Addition
	13. NAME: ☐ Change ☐ Addition
	14. NAME: ☐ Change ☐ Addition
	15. NAME: ☐ Change ☐ Addition
	16. NAME: ☐ Change ☐ Addition
	17. NAME: ☐ Change ☐ Addition
	18. NAME: ☐ Change ☐ Addition
	19. NAME: ☐ Change ☐ Addition
	20. NAME: ☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 191.03(2)(b), 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 liquidator empowered to make this report as required by Chapter 217, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, as applicable, and is printed with an address.

SIGNATURE: _____
SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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CORPORATION
ARTICLE OF INCORPORATION
1995



FLORIDA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS
Tallahassee, Florida 32399-0001
Telephone: (904) 493-0001
Fax: (904) 493-0002

DOCUMENT # **P93000036946 (0)**

CITRUS RECOVERY CORPORATION

1717 INDIAN RIVER BLVD.
STE 100
VERO BEACH FL 32960
US

1717 INDIAN RIVER BLVD.
STE 100
VERO BEACH FL 32960
US

ENTER INFORMATION IN THIS SPACE

3. Date incorporated in Florida 05/21/1993	3a. Date of last report 07/12/1994
4. FEI Number 65-0415993	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. 192.03, Florida Statute. ☐ Yes ☒ No	

2. Principal Office (City, State, and Zip)	2a. Mailed Address
21. State (App. # 1)	26. State (App. # 1)
22. City & State	27. City & State
23. City & State	28. City & State
24. City & State	29. City & State
25. City & State	30. City & State

9. Name and Address of Current Registered Agent

SPEIGHT, HENRY O
1717 INDIAN RVR BLVD
STE 100
VERO BEACH FL 32960

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 607.01(2)(c) and 607.1508, Florida Statute, 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 this appointment as registered agent. I am familiar with and accept the provisions of Section 607.01(2)(c), Florida Statute.

SIGNATURE: 5/5/95

12. OFFICERS AND DIRECTORS

NAME	D BRACKETT, ROBERT L 1717 INDIAN RIVER BLVD. VERO BEACH FL 32960
NAME	D GRAVES, ROBERT JR 1717 INDIAN RIVER BLVD. VERO BEACH FL 32960
NAME	D SCHLIT, LOUIS L 1717 INDIAN RIVER BLVD. VERO BEACH FK 32960
NAME	D SMITH, WALTER E JR 1717 INDIAN RIVER BLVD. VERO BEACH FK 32960
NAME	D THOMPSON, JAMES R 1717 INDIAN RIVER BLVD. VERO BEACH FK 32960
NAME	D COX, JR J 1717 INDIAN RVR BLVD STE 100 VERO BEACH FK

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME	☐ Change ☐ Addition
2. STREET ADDRESS	☐ Change ☐ Addition
3. CITY	☐ Change ☐ Addition
4. STATE	☐ Change ☐ Addition
5. ZIP CODE	☐ Change ☐ Addition
6. NAME	☐ Change ☐ Addition
7. STREET ADDRESS	☐ Change ☐ Addition
8. CITY	☐ Change ☐ Addition
9. STATE	☐ Change ☐ Addition
10. ZIP CODE	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not comply for the exemptions stated in Section 190.03(5), Florida Statute. I further certify that the information submitted on this filing report or supplemental filing report is true and accurate and that my signature shall have the same legal effect and make such filing effective for the purposes of the corporation or the corporation's compliance with the request as required by Chapter 607, Florida Statute, and that my name appears in Block 12 of this filing. I will change my name on this filing with an address.

SIGNATURE: Josh C. Cox, Jr. Director 5/5/95 (407) 778-4100