

4/24/98 B-5549 c
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Apr 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000062126 (6)

1. Corporation Name

DBS CITRUS PACKING, INC.

Principal Place of Business

1975 WEST STATE RD. 426
OVIEDO FL 32765

Mailing Address

P.O. BOX 620257
OVIEDO FL 32762-0257
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

09/03/1993

4. FEI Number

59-3206144

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

BOZARTH, STEPHEN J
800 NORTH MAGNOLIA AVE.
SUITE 1500
ORLANDO FL 32803

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME ENGLISH, HUGH
STREET ADDRESS 1975 W. STATE ROAD 426
CITY-ST-ZIP OVIEDO FL

TITLE V ☒ DELETE

NAME ASHLEY, CHARLES L.
STREET ADDRESS 1975 W STATE ROAD 426
CITY-ST-ZIP OVIEDO FL

TITLE VD ☐ DELETE

NAME MARTYN, CHARLES P III
STREET ADDRESS 393 TEQUESTA DR.
CITY-ST-ZIP TEQUESTA FL

TITLE V ☒ DELETE

NAME SNIVELY, M. PATE
STREET ADDRESS 2288 EXECUTIVE RD.
CITY-ST-ZIP WINTER HAVEN FL

TITLE S ☐ DELETE

NAME LIVINGSTON, CALVIN J
STREET ADDRESS 1975 WEST STATE ROAD 426
CITY-ST-ZIP OVIEDO FL

TITLE D ☐ DELETE

NAME DUDA, FERDINAND S.
STREET ADDRESS 1975 W. STATE ROAD 426
CITY-ST-ZIP OVIEDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME GRAF, Donald L.
2.3 STREET ADDRESS 1975 W. State Road 426
2.4 CITY-ST-ZIP Oviedo, FL 32765

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 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:

Donald L. Graf

4/17/98

(407)365-2111

CR2E034 (10/97)

DBS CITRUS PACKING, INC.

Federal I.D. No. 59-3206144

ADDITIONAL OFFICERS

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>	<u>CITY/STATE/ZIP</u>
BURG, Clifford F.	Director	7150 S.W. Kanner Hwy	Indiantown, FL 34956
CASEY, Joseph F.	Treasurer/ Asst. Secy.	1975 W. State Road 426	Oviedo, FL 32765
DUDA, David	Asst.Secy.	1975 W. State Road 426	Oviedo, FL 32765