

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

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90002 039 ***158.75

DOCUMENT # P93000062126

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

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 the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

22 City & State

23

Zip Country

24

25

27 City & State

28

Zip Country

29

30

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	<input type="checkbox"/> DELETE
NAME	ENGLISH, HUGH	
STREET ADDRESS	1975 W. STATE ROAD 426	
CITY-ST-ZIP	OVIEDO FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GRAF, DONALD L.	
STREET ADDRESS	1975 W. STATE ROAD 426	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MARTYN, CHARLES P III	
STREET ADDRESS	393 TEQUESTA DR.	
CITY-ST-ZIP	TEQUESTA FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SNIVELY, M. PATE	
STREET ADDRESS	2288 EXECUTIVE RD.	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LIVINGSTON, CALVIN J	
STREET ADDRESS	1975 WEST STATE ROAD 426	
CITY-ST-ZIP	OVIEDO FL	
TITLE	D	<input type="checkbox"/> 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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	Oviedo, FL 32765
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	Oviedo, FL 32765
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	Oviedo, FL 32765
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	Oviedo, FL 32765

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Donald L. Graf
Vice President

2/22/99

Date

(407)365-2111

Daytime Phone #

CR2E034 (11/98)

0086747

244962-90002-39
P93000062126

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