FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P93000065764 (1)

DAWSON CITRUS, INC.

Principal Place of Business

Mailing Address

FILED Apr 28 1998 8:00am Secretary of State



4964 SOUTH ORANGE AVENUE ORLANDO FL 32808		4964 SOUTH ORANGE AVENUE Orlando FL 32806			
4 ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				DO NOT WRITE IN THIS 3. Date Incorporated or Qualified	SPACE
				09/17/1993	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3223921	Not Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the co	
24	25		30]	Personal Property Tax due June 30.	Yes No
	g, Name and Address of Curre	ent Registered Agent	81 Name	10. Name and Address of New Registered	1 Agent
	WSON, WILLIAM L		OI IVanie		
	4 SOUTH ORANGE AVENUE		82 Street	Address (P.O. Box Number is Not Acceptable)	
OR	LANDO FL 32806		83		
			00		
			84 City	F	85 Zip Code
44 Durauant	to the equipient of Sections 607 (th	.02 and 607 1508 Florida Staluto	s the above named		
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, it am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE	Signature, typed or printed name of registered a	gen and their applicable (NOTE	Registered Agent signature	e required when reinstating) DATE	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	PSD	☐ DELETE	1.1 TITLE		Change Addition
NAME	DAWSON, WILLIAM L		1.2 NAME		
STREET ADDRESS	1634 WATERWITCH DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32806		1.4 C(TY - ST - ZIP		
TITLE		☐ DELETE	. 2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP		F-1 por 570	2. 4 CITY - ST - ZIP		[] Obs
TITLE		☐ DELETE	3.1 TOTLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		Delete	3.4. C(TY - ST - ZIP		Change Addition
TITLE		L_] DELETE	4.1 THTLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		Detere	4.4 City - St - ZiP		Change Addition
TITLE		☐ DELETE	5.1 TITLE		
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CITY - ST - ZIP		Change Addition
TITLE			6.1 TITLE		C curdo C receitori
NAME	•		6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	cortify that the information cumplied	with this filing does not qualify for	6.4 CiTY-ST-ZIP	ed in Section 119 07(3)(i) Florida Statutes I further (certify that the information
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 of 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 Atlachment with an address.					