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

DOCUMENT # P93000065764

1. Corporation Name

DAWSON CITRUS, INC.

Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90146 021 ***150.00



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Principal Place of Business Mailing Address								48 (54) 1 (ii e ndi biin 18610	Binit Bibl (99)
4964 SOUTH ORANGE AVENUE		4964 SOUTH ORANGE AVENUE								
ORLANDO FL 32806		ORLANDO FL 32806								
						<u> </u>		RITE IN TH	S SPACE	
						- 1	Date Incorporated or Qualif	ed		
					_		09/17/1993			
2. Principal P	lace of Business	2a. Mailing Address					FEI Number		<u> </u>	plied For
21		26					<u>59-3223921</u>			ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5.	Certificate of Status Desired	. 🗆	\$8.75 A	Additional equired	
22		27								
City & Stat	6	City & State					Election Campaign Financil Trust Fund Contribution	^{ng} □	\$5.00 Added	
23	Country	Zip		ountry	_	-				10 1 663
Zip	25	29	30	,,,,,		1 '	This corporation owes the of Personal Property Tax.	Juneill year i	Yes	₽ No
24	9. Name and Address of Currer		301]			Name and Address of Ne	w Registere		
	5. Name and Address of Currer	it registered Agent		81	Name			· · · · · · · ·	<u> </u>	
DAW	/SON, WILLIAM Ł					·				
4964 SOUTH ORANGE AVENUE				82	Street Add	dress (P.	O. Box Number is Not Acce	eptable)		
	ANDO FL 32806			83					_	_
	•						·			
				84	City			F	85 Zip	Code
44 Commont	to the provisions of Sections 607.050	22 and 607 1509 Elorida St	tutos the	above	-named cor	moration	submits this statement for	the nurnose	of changing its	registered
office or r	egistered agent, or both, in the State	of Florida. Such change wa	s authorize	ed by t	ne corporat	tion's boa	ard of directors. I hereby ac	cept the app	ointment as re	gistered
agent. I a	m familiar with, and accept the obliga	itions of, Section 607.0505,	Florida Sta	atutes.						1
SIGNATURE	Class to the day winted a second or a	et and title if analisable /N	OTE: Register	ad Accept	signature requir	ired when rei	ninstating)	DATE		
	Signature, typed or printed name of registered age				signature requi			DATE OFFICERS	AND DIRECTO	DRS IN 12
12.		nt and title if applicable. (NND DIRECTORS	13		signature requir		instating) NDDITIONS/CHANGES TO		AND DIRECTO	ORS IN 12
12. TITLE	OFFICERS AN	ID DIRECTORS	1,1	3.	signature requii					
12. TITLE NAME	OFFICERS AN PSD DAWSON, WILLIAM L	ID DIRECTORS	13 1,1 1,2	TITLE NAME						
12. TITLE NAME STREET ADDRESS	OFFICERS AN PSD DAWSON, WILLIAM L 1634 WATERWITCH DRIVE	ID DIRECTORS	1.1 1.2 1.3	TITLE NAME STREET	ADDRESS					
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN PSD DAWSON, WILLIAM L	ID DIRECTORS	13 1.1 12 13 1.4	TITLE NAME	ADDRESS					
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AN PSD DAWSON, WILLIAM L 1634 WATERWITCH DRIVE	ND DIRECTORS	13 1.1 1.2 1.3 1.4 2.1	NAME STREET CITY-ST	ADDRESS				☐ Change	☐ Addition
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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 an attackment with an address, with all other like empowered.

SIGNATURE: 6