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Mailing Address P.O. BOX 1301

DUNDEE FL 33838-1301

PROFIT CORPORATION ANNUAL REPORT

1997

appears in Block 12 or Block

SIGNATURE:

Principal Place of Business

302 DUNDEE ROAD DUNDEE FL 33838



FLORIDA DEPARTMENT OF STATE

FILED

May 01 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000088641 (4)

BLUE RIBBON SUN-CITRUS, INC.

3. Date Incorporated or Qualified 3a. Date of Last Report 12/28/1993 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3261475 21 26 Not Applicable Suite, Apt. #, elc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Country Zip This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes Yes No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name EDMONDS, RON E 302 DUNDEE ROAD 82 Street Address (P.O. Box Number is Not Acceptable) **DUNDEE FL 33838** 83 84 City 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 type dior printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13 CR2E034 (9/96) DELETE Change Addition 1.1 T/T) E HILE BICKER, RANDALL C 1 2 NAME NAMI 101 24TH STREET S.W. 1.3 STREET ADDRESS STREET ADDRESS WINTER HAVEN FL 33880 1.4 CITY - ST-ZIP CITY-SI-ZIP DELETE Change Addition 2.1 TITLE TITLE COACHMAN, HUGH JR NAME 22 NAME 1200 LAKE POINT DR. STREET ADDRESS 2.3 STREET ADDRESS **LAKELAND FL 33813** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change 3.1 TITLE Addition TITLE EDMONDS, RON 3.2 NAME NAME 2511 CRUMP ROAD 3.3 STREET ADDRESS STREET ADDRESS WINTER HAVEN FL 33881 3.4. CITY-ST-ZIP CITY-S1-7/P DELE1E Change Addition TITLE 4.1 TITLE HAMILTON, ROBERT J JR NAME 4.2 NAME **660 W PIERCE STREET** STREET ADDRESS 4.3 STREET ADDRESS LAKE ALFRED FL 33850 CITY - S1 - ZIP 4.4 CITY-ST-ZIP DELETE Change ■ Addition 5.1 TITLE THE MAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE 6.1 TITLE ☐ Change Addition THE NAME 62 NAME 6.3 STREET ADDRESS STREET ADDRESS CHY-ST-ZO 64 CITY-ST-ZIP

14. I do 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 path; 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

In/1 C. Bicker Ybs/87