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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Apr 30 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000088641 (4)

BLUE RIBBON SUN-CITRUS, INC.

Dringing Dig	a of Ducinosa	Mailing Address			
Principal Plac		Mailing Address			Tree retree series error
302 DUNDEE ROAD P.O. BOX 1301 DUNDEE FL 33838 DUNDEE FL 33838				DO NOT WRITE IN	THIS SPACE
				3. Date Incorporated or Qualified	
				12/28/1993	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3261475	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional Fee Required
City & Stat	le .	City & Stato		6. Election Campaign Financing	\$5.00 May Be
23		28		, , ,	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid to	the current year Intangible
24	25	29	30	Personal Property Tax due June 30	
	g. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Regis	tered Agent
ÆÐ	MONDS, RON'É		81 Name	ndall C. Birken	
	2 DUNDRE ROAD			iress (P.O. Box Number is Not Acceptable)	
DÚ	NDEE FL 33838			24th St. SW	
			83		
			84 City /		85 Zip Code
				itea HAVEN	FL 85 Zip Code 33880
11. Pursuant	to the provisions of Sections 607,050)2 and 607.1508, Florida Stati	ites, the above-named cor	poration submits this statement for the purp	oose of changing its registered
office or o	registered agent, or bolfi, in the State am familia? with and accept the oblic	of Horida. Such change was ations of, Section 607,0505, P	authorized by the corpora Torida Statutes.	ation's board of directors. I hereby accept ti	ne appointment as registered
		har RANDAII		W)	34/50
SIGNATURE	Signature, typed or printed national registered age		IL Registered Agent signature requ	ired when reinstating)	DATE
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	IS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	· —	Change Addition
NAME	BICKER, RANDALL C		1.2 NAME		
STREET ADDRESS	101 24TH STREET S.W.		1.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL 33880		1.4 CITY-ST-ZIP	_	
TITLE	D	DELETE	2.1 TITLE		Change Addition
NAME	COACHMAN, HUGH JR		2.2 NAME		
STREET ADDRESS	1200 LAKE POINT DR.		2.3 STREET ADDRESS		9,*'
CITY-ST-ZIP	LAKELAND FL 33813		2. 4 CITY - \$1 - ZIP		,
TITLE	D	DELETE	3.1 TITLE	,	Change Addition
NAME	EDMONDS, RON	• •	3.2 NAME		
STREET ADDRESS	2511 CRUMP ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL 33881		3.4. CITY - ST - ZIP		
TITLE	D	DELETE	4.1 TITLE		Change Addition
NAME	HAMILTON, ROBERT J JR		4. 2 NAME		
STREET ADDRESS	660 W PIERCE STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE ALFRED FL 33850		4.4 CITY-ST-2IP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		_ • –
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME	·		6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CfTY-ST-ZIP	certify that the information supplied w	ith this filing does not qualify	6.4 CITY-ST-ZIP for the exemption stated in	Section 119.07(3)(i), Florida Statutes. I furt	her certify that the information
indicated officer or	on this annual report or supplements director of the corporation or the rece	al annual report is true and ac eiver or trustee empowered to	curate and that my signati	ure shall have the same legal effect as if ma juired by Chapter 607, Florida Statutes; and	ade under oath; that I am an
Block 12	or Block 13 if changed, or on an attac	chment with an address.	•		· · ·