

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000024602 (2)

1. Corporation Name

NATURAL CITRUS, INC.



Principal Place of Business

316 S. BAYLEN
SUITE 580
PENSACOLA FL 32501

Mailing Address

P.O. BOX 940
GULF BREEZE FL 32562

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

BRANNEN, DAVID A
316 S.BAYLEN
SUITE 580
PENSACOLA FL 32501

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 607.0602 and 607.1504, 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 607.0603, Florida Statutes.

SIGNATURE

4/16/96

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	☐ DELETE
VP	LEVIN, ALLEN R	316 S. BAYLEN	PENSACOLA FL 32501	☐
P	BRANNEN, DAVID A	P.O. BOX 940 N/A	GULF BREEZE FL 32562	☐
				☐
				☐
				☐
				☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY- ST- ZIP	☐ Change	☐ Addition
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY- ST- ZIP	☐ Change	☐ Addition
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY- ST- ZIP	☐ Change	☐ Addition
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY- ST- ZIP	☐ Change	☐ Addition
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY- ST- ZIP	☐ Change	☐ Addition
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY- ST- ZIP	☐ Change	☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 person 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/96

904 434 7700

CR2E034 (12/95)