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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P94000024602 (2)**

1. Corporate 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 32562-0940

3. Date Incorporated or Qualified: 03/28/1994
3a. Date of Last Report: 04/22/1996

2. Principal Place of Business
21 401 E Chase St
Suite, Apt. #, etc.
22 Ste. 105
23
Zip 24 | Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 | Country 30

4. FEI Number: 59-3237936 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ [redacted] Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
BRANNEN, DAVID A
~~316 S.BAYLEN~~
~~SUITE 580~~
PENSACOLA FL 32501

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 401 E Chase St
83 Ste. 105
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: David A Brannen 3-17-97
(If applicable, signature of officer or director required.) (NOTE: Registered Agent signature required when restating) DATE

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	401 E Chase St. Suite 105	
2.4 CITY-ST-ZIP	Pensacola, FL 32501	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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 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 on an attachment with an address.

SIGNATURE: David A Brannen 3-17-97 904 434-7700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0491936