

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUL 24 AM 11:12

DOCUMENT # P94000040266 (6)

1. Corporation Name

CENTRAL FLORIDA CITRUS & LAND COMPANY, INC.

Principal Place of Business

Mailing Address

11110 S.W. 88TH STREET  
SUITE 100A  
MIAMI FL 33176

11110 S.W. 88TH STREET  
SUITE 100A  
MIAMI FL 33176

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

05/27/1994

4. FEI Number

Applied For

Not Applicable

65-0543085

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Finance and  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

6. This corporation has liability for intangible tax under s. 199.005,  
Florida Statutes

Yes No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

County

City

County

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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 607.0502 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 of person or persons authorized to change registered office and agent, if applicable.

Signature of Registered Agent, if applicable.

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO THE INFORMATION AND OFFICERS AND DIRECTORS

|                |                                    |
|----------------|------------------------------------|
| TITLE          | D                                  |
| NAME           | MURRAY, C. HELENE                  |
| STREET ADDRESS | 11110 S.W. 88TH STREET, SUITE 100A |
| CITY, ST, ZIP  | MIAMI FL 33176                     |
| TITLE          |                                    |
| NAME           |                                    |
| STREET ADDRESS |                                    |
| CITY, ST, ZIP  |                                    |
| TITLE          |                                    |
| NAME           |                                    |
| STREET ADDRESS |                                    |
| CITY, ST, ZIP  |                                    |
| TITLE          |                                    |
| NAME           |                                    |
| STREET ADDRESS |                                    |
| CITY, ST, ZIP  |                                    |
| TITLE          |                                    |
| NAME           |                                    |
| STREET ADDRESS |                                    |
| CITY, ST, ZIP  |                                    |
| TITLE          |                                    |
| NAME           |                                    |
| STREET ADDRESS |                                    |
| CITY, ST, ZIP  |                                    |

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |                                                                   |
| 1.3 STREET ADDRESS |                                                                   |
| 1.4 CITY, ST, ZIP  |                                                                   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |                                                                   |
| 2.3 STREET ADDRESS |                                                                   |
| 2.4 CITY, ST, ZIP  |                                                                   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |                                                                   |
| 3.3 STREET ADDRESS |                                                                   |
| 3.4 CITY, ST, ZIP  |                                                                   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |                                                                   |
| 4.3 STREET ADDRESS |                                                                   |
| 4.4 CITY, ST, ZIP  |                                                                   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |                                                                   |
| 5.3 STREET ADDRESS |                                                                   |
| 5.4 CITY, ST, ZIP  |                                                                   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |                                                                   |
| 6.3 STREET ADDRESS |                                                                   |
| 6.4 CITY, ST, ZIP  |                                                                   |

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(2)(b), 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:

C. Helene Murray

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number