

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

FILED
May 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000041445 (5)**

1. Corporation Name
SUNBELT CITRUS, INC.



Principal Place of Business 1622 BARBER STREET SEBASTIAN FL 32958	Mailing Address 1622 BARBER STREET SEBASTIAN FL 32958-6270
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new address -

2. Principal Place of Business 21 6565 33rd St. Suite, Apt. #, etc. 22 VERO BEACH City & State 23 FL Zip 24 32966		2a. Mailing Address 26 6565 33rd St. Suite, Apt. #, etc. 27 VERO BEACH City & State 28 FL Zip 29 32966		3. Date Incorporated or Qualified 05/31/1994		3a. Date of Last Report 01/25/1996	
Country 25 Indian River		Country 30 Indian River		4. FEI Number 59-3247478		Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

MASSEY, MATTHEW D
1622 BARBER STREET
SEBASTIAN FL 32958
1556 16th Ave
VERO BEACH, FL 32960

- corrected address -

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	PSD
NAME	MASSEY, MARY JANE	1.2 NAME	MARY JANE MASSEY
STREET ADDRESS	1622 BARBER STREET	1.3 STREET ADDRESS	6565 33rd St.
CITY-ST-ZIP	SEBASTIAN FL 32958	1.4 CITY-ST-ZIP	VERO BEACH, FL 32966
TITLE	VTD	2.1 TITLE	VTD
NAME	MASSEY, KATHLEEN A	2.2 NAME	KATHLEEN A. MASSEY
STREET ADDRESS	P.O. BOX 98	2.3 STREET ADDRESS	10809 SW ALLAPATTAH ROAD
CITY-ST-ZIP	LOXAHATCHEE FL 33470	2.4 CITY-ST-ZIP	INDIAN TOWN, FL 33456
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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: **MARY JANE MASSEY, PSD**

5-14-97

561-689-0880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0107148

CR2E034 (9/96)