PROFIT CORPORATION ANNUAL REPORT

1999

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

FILED Mar 03, 1999 8:00 am Secretary of State Katherine Harris Secretary of State

03-03-1999 90080 022 ***150.00

1. Corporation	MENT # P94000 (T CITRUS, INC.	041445					
Principal Place	e of Business	Mailing Address			T ISBUIDÉN UN LATIN SHUUN BUSIN MONS MASIN ARAN 41		1801 8441 1004
6565 33RD ST 6565 33RD ST		VERO BEACH FL 32966			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed OF /2411004		
		The same and the s			05/31/1994 4 FEI Number		liad For
 -	ace of Business	2a. Mailing Address			59-3247478		Applicable
26 Suite, Apt. #, etc. Suite, Apt. #, etc.				_	\$8.75 A		
22 27					5. Certifcate of Status Desired	Fee Red	
City & State City & State					6. Election Campaign Financing	\$5.00	May Be
28					Trust Fund Contribution	Added to	Fees
Zip	Country Zip			ntry 8. This corporation owes the current year intangible			
24	25	<u></u>	30		Tologian topolity taxi		□No
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Registered A	igent	
MASSEY, MATTHEW D 1 550 16TH-AVE			82 83	Street Addr		85 Zip C	ode
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 Signature Type of Printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
12.	OFFICERS AND	DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND	Change	Addition
TITLE			1.1 TITLE			ondings	
NAME	MASSEY, MARY JANE 6565 33RD ST		1.2 NAME				
STREET ADDRESS	VERO BEACH FL		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP				,
CITY-ST-ZIP TITLE	VTD DELETE		2.1 TITLE			Change	Addition
NAME	MASSEY, KATHLEEN A		2.2 NAME		=		
STREET ADDRESS	10809 S.W ALLAPATTAN RD		•	T ADDRESS			
CITY-ST-ZIP	INDIAN TOWN FL		2.4 CITY-5	ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME	DIRECTOR RICHARD D. MASSI 6565 33rd ST.	ey, Sr.	3.2 NAME				
STREET ADDRESS	6565 33rd ST.	••	3.3 STREE	TADDRESS			
CITY-ST-ZIP	VERO BEACH, FL	32966	3.4. CITY-5	ST-ZIP			
TITLE	DIRECTOR		4.1 TITLE		•	Change	Addition
NAME	SCOTT W. MASSEY		4. 2 NAME				
STREET ADDRESS	10809 SW ALLAPATIA	TN-DK.	4.3 STREE	TADORESS			
CITY-ST-ZIP	INDIAN TOWN, FL	34 956	4.4 CITY-S	T-ZIP			
TITLE	Di Boo TO C. UELEIE		5.1 TITLE			☐ Change	☐ Addition
NAME	MATHEW D. MASS	シ	5.2 NAME				
STREET ADDRESS	6565 33 rd DT.		1	TADDRESS			
CITY-ST-ZIP	YERO BEACH, FL	32966	5.4 CITY- S	T-ZIP			
TITLE	DIRPOTOR.		6.1 TITLE			Change	Addition
NAME	R. D. MASSEY, Jr.	TPPR	6.2 NAME	*******			
OTDEET ADDDESS	コファクビ ちば ムリるべ	\ ~ 1~ 1√ 1 ·	■ 0.3 STREE	TADDRESS			i i

14. I 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, with all other like empowered.

6.4 CITY-ST-ZIP