APR-30-1998 16:39 FIRST FINANCIAL COMPANIES

FILED
May 26 1998 8:00am
Secretary of State

CORPORATION ANNUAL REPORT
1998 ~~1997~~

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

DOCUMENT # P94000051934 (5)

1. Corporation Name
THE SHOWCASE OF CITRUS, INC.

Principal Place of Business	Mailing Address
15625 FRANK JARRELL ROAD CLERMONT FL	15625 FRANK JARRELL ROAD CLERMONT FL

DO NOT WRITE IN THIS SPACE.

2. Date Incorporated or Qualified: 07/11/1994
3a. Date of Last Report:

21. Principal Place of Business
28. Mailing Address
4. FEI Number: 58-212 3860 ☐ Applied For ☐ Not Applicable
22. Suite, Apt. #, etc.
27. Suite, Apt. #, etc.
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
23. City & State
26. City & State
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
24. Zip
25. Country
29. Zip
30. Country
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

8. Name and Address of Current Registered Agent

ARNOLD, JOHN JR
15625 FRANK JARRELL ROAD
CLERMONT FL

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when name is changed

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	ARNOLD, JOHN JR	1.2 NAME	
STREET ADDRESS	15625 FRANK JARRELL ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLERMONT FL	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	800002535778
STREET ADDRESS		4.3 STREET ADDRESS	-05/27/98--01004--001
CITY-ST-ZIP		4.4 CITY-ST-ZIP	***150.00
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
ST-ZIP		6.4 CITY-ST-ZIP	

FILE COPY

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)(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.