2001 UNIFORM BUSINESS REPORT (UBR) FILED May 04, 2001 8:00 am Secretary of State DOCUMENT # **P9400060038** 1. Entity Name SCENIC CITRUS HARVESTERS, INC. 8 05-04-2001 90148 028 ***150.00 Mailing Address Principal Place of Business 2010 N. LAKE REEDY 30 F 8TH ST. FROSTPROOF FL 33843 FROSTPROOF FL 33843 US A. The state 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3267516 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HIGGINBOTTOM, DAVID B Street Address (P.O. Box Number is Not Acceptable) 101 E. WALL ST. FROSTPROOF FL 33843 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition ☐ Delete TITLE NAME RESPRESS. ERNEST L NAME STREET ADDRESS STREET ADDRESS 30 E. 8TH ST. CITY-ST-ZIP CITY-ST-ZIP FROSTPROOF FL ☐ Addition ☐ Change ☐ Delete TITLE VΡ NAME NAME RESPRESS, ERNEST P STREET ADDRESS STREET ADDRESS 30 E. 8TH ST. CITY-ST-ZIP CITY-ST-ZIP FROSTPROOF FL ☐ Change ☐ Addition Delete TITLE ST TITLE NAME NAME RESPRESS, MARY L STREET ADDRESS STREET ADDRESS 30 E. 8TH ST. CITY-ST-ZIP CITY-ST-ZIP FROSTPROOF FL ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with an other like empowered.

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CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR

☐ Delete

Change

☐ Addition