

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90153 013 ***150.00

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DOCUMENT # **P94000074004**

1. Corporation Name
BURG CITRUS, INC.

Principal Place of Business
**7150 S.W. KANNER HWY.
INDIANTOWN FL 34956**

Mailing Address
**7150 S.W. KANNER HWY.
INDIANTOWN FL 34956**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/03/1994	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0533056	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
BLANEY, JERRI M 11380 PROSPERITY FARMS RD. SUITE 203 PALM BEACH GARDENS FL 33410				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				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		(NOTE: Registered Agent signature required when reinstating)		DATE	
Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BURG, CLIFFORD F		1.2 NAME		
STREET ADDRESS	7150 S.W. KANNER HWY.		1.3 STREET ADDRESS		
CITY-ST-ZIP	INDIANTOWN FL		1.4 CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BURG, JAMES A		2.2 NAME		
STREET ADDRESS	7150 S.W. KANNER HWY.		2.3 STREET ADDRESS		
CITY-ST-ZIP	INDIANTOWN FL 34956		2.4 CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BURG, C.F. JR.		3.2 NAME		
STREET ADDRESS	7150 S.W. KANNER HWY.		3.3 STREET ADDRESS		
CITY-ST-ZIP	INDIANTOWN FL 34956		3.4 CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BURG, SHARON A		4.2 NAME		
STREET ADDRESS	7150 S.W. KANNER HWY.		4.3 STREET ADDRESS		
CITY-ST-ZIP	INDIANTOWN FL 34956		4.4 CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GRIEVE, WENDY J		5.2 NAME		
STREET ADDRESS	7150 SW KANNER HWY		5.3 STREET ADDRESS		
CITY-ST-ZIP	INDIANTOWN FL		5.4 CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHIRARD, J PATRICK		6.2 NAME		
STREET ADDRESS	7150 SW KANNER HWY		6.3 STREET ADDRESS		
CITY-ST-ZIP	INDIANTOWN FL		6.4 CITY-ST-ZIP		

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/99

561-287-2111

CR2E034 (11/98)