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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000076121 (0)

SUNSET CITRUS, INC.

Principal Place of Business

4775 SE BROWN RD

Mailing Address

P O BOX 1920

**FILED** May 16 1997 8:00am Secretary of State



ARCADIA FL 33 US	1821	ARCADIA FL 34265-1920 US					
					3. Date Incorporated or Qualified 10/17/1994	3a. Date of Last 04/10/1996	Report
<del></del> ·	lace of Business	2a. Mailing Address			4. FEt Number	A	Applied For
	03 E. OAK. ST	26			65-0526627		Vot Applicable
Suite, Apt. 22 78		Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1 '	Additional Required
City & State	e 💂	City & State			6. Election Campaign Financing	\$5.00	May Be
	4014 F214	28	<del></del>		Trust Fund Contribution		to Fees
Zip	Country 25 0 + Sento	Zip	<b></b>	intry	8. This corporation has liability for		s. 199.032,
24 342	<del> </del>	29 Depletered Ament	30	r		Yes No	
DITA	9. Name and Address of Current	uehisteleo wäelit		81 Name	10. Name and Address of New Re	gistered Agent	
951 (	H, JESSE NORTH ARCADIA AVE. ADIA FL 33821			B2 Street	Ritch, Jessc Address (P.O. Box Number is Not Acceptal 2250 S.E. HAMS	ole) Ref	
	÷			84 City	4CC 14D14	FL 85 Zip	Code 4245
office or r agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	f Florida. Such change was :	authoriże	bove-named d by the cor	corporation submits this statement for the poration's board of directors. I hereby acce	nurnose of changing	ite toniclored
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOI	IF Hogistere	d Agent signaturi	e required when reinstaling)	DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC		RS IN 12
TITLE	D	DELETE	1.1 II	TLE		☐ Change	
NAME	RITCH, JESSE		1,2 N/	AME			
STREET ADDRESS	4775 SE BROWN RD		1.3 \$1	REET ADDRESS	2250 S.E. HANSE	, RD.	
CITY-ST-ZIP	ARCADIA FL		1.4 CI	TY-ST-ZIP			
TITLE	☐ DELETE		2.1 Ti	TLE		☐ Change	Addition
NAME			2.2 N/	AME			
STREET ADDRESS			2 3, 51	REET ADDRESS			
CITY-ST-ZIP			2.10	(1Y - ST - ZIP			
TITLE		☐ DELETE	3.1 TITLE			☐ Change	Addition
NAME			3.2 N/	AME			
STREET ADDRESS			3.3 \$1	REE1 ADDRESS			
CITY-ST-ZIP			3.4. C	ITY - ST - ZIP			
TITLE		DELETE	4.1 TI			Change	Addition
NAME			4. 2 N	AME		- •	
STREET ADDRESS				HEET ADDRESS			
CITY-ST-ZIP				1Y-S1-ZIP			
TITLE		DELETE	5.1 TI			Change	Addition
NAME			5.2 N/		İ	Land Comings	
STREET ADDRESS				REE1 ADDRESS			
CITY-ST-ZIP			ı	IY-SI-ZIP			
TITLE		DELETE	6.1 TI	<del></del>		Change	Addition
NAME			6.2 N/			ш онапус	L) AVUITOR
STREET ADDRESS							
				REET ADDRESS			
CITY-ST-ZIP	by certify that the information supplied	with this filing does not avail		1Y-ST-7IP	 stated in Section 119.07(3)(i), Florida Statute	o Librathay and the	at about
informatio	n indicated on this annual report or su	oplemental annual report is t De receiver or trustee empoy	true and a vered to e	accurate and	I that my signature shall have the same legareport as required by Chapter 607, Florida S	al effect as if made u	rider eath: that