

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

FILED  
May 12 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000076121 (0)**

1. Corporation Name

**SUNSET CITRUS, INC.**

Principal Place of Business

Mailing Address

**1003 E. OAK ST.  
B  
ARCADIA FL 34265  
US**

**P O BOX 1820  
ARCADIA FL 33821  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/17/1994**

4. FEI Number

**65-0526627**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip Country

**28** Zip Country

**24** **25** **29** **30** **34265**

9. Name and Address of Current Registered Agent

**RITCH, JESSE  
2250 S.E. HANSEL RD.  
ARCADIA FL 34265**

10. Name and Address of New Registered Agent

**81** Name **JAMES JIMERSOW**

**82** Street Address (P.O. Box Number is Not Acceptable)  
**951 W. ARCADIA AVE**

**83**

**84** City **ARCADIA** **FL** **85** Zip Code **34265**

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 **JAMES JIMERSOW**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered agent signature required when reinstating)

**4-28-98**

DATE

12. OFFICERS AND DIRECTORS

**1.1** TITLE **D** ☒ DELETE  
**1.2** NAME **RITCH, JESSE**  
**1.3** STREET ADDRESS **2250 S.E. HANSEL RD.**  
**1.4** CITY-ST-ZIP **ARCADIA FL**

**2.1** TITLE ☐ DELETE  
**2.2** NAME  
**2.3** STREET ADDRESS  
**2.4** CITY-ST-ZIP

**3.1** TITLE ☐ DELETE  
**3.2** NAME  
**3.3** STREET ADDRESS  
**3.4** CITY-ST-ZIP

**4.1** TITLE ☐ DELETE  
**4.2** NAME  
**4.3** STREET ADDRESS  
**4.4** CITY-ST-ZIP

**5.1** TITLE ☐ DELETE  
**5.2** NAME  
**5.3** STREET ADDRESS  
**5.4** CITY-ST-ZIP

**6.1** TITLE ☐ DELETE  
**6.2** NAME  
**6.3** STREET ADDRESS  
**6.4** CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**1.1** TITLE **1** ☒ Change ☐ Addition  
**1.2** NAME **JAMES JIMERSOW**  
**1.3** STREET ADDRESS **951 W. ARCADIA AVE**  
**1.4** CITY-ST-ZIP **ARCADIA FLA 34265**

**2.1** TITLE ☐ Change ☐ Addition  
**2.2** NAME  
**2.3** STREET ADDRESS  
**2.4** CITY-ST-ZIP

**3.1** TITLE ☐ Change ☐ Addition  
**3.2** NAME  
**3.3** STREET ADDRESS  
**3.4** CITY-ST-ZIP

**4.1** TITLE ☐ Change ☐ Addition  
**4.2** NAME  
**4.3** STREET ADDRESS  
**4.4** CITY-ST-ZIP

**5.1** TITLE ☐ Change ☐ Addition  
**5.2** NAME  
**5.3** STREET ADDRESS  
**5.4** CITY-ST-ZIP

**6.1** TITLE ☐ Change ☐ Addition  
**6.2** NAME  
**6.3** STREET ADDRESS  
**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.

SIGNATURE:

**4-28-98 941-491-1459**

CR2E034 (10/97)