SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 16 AM 10: 37

DOCUMENT # P94000088255 (2)

1. Corporation Name
SUNCOAST CITRUS, INC.

Principal Place of Business	Mailing Address
1095 A US 92 W AUBURNDALE FL 33823	1095 A US 92 W AUBURNDALE FL 33823

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/06/1994
3a. Date of Last Report:

2. Principal Place of Business — 21:
2a. Mailing Address — 26: PO Box 707
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28: SAN ANTONIO F
Zip — 24:
Country — 25:
Zip — 29: 33576-0707
Country — 30: USA

4. FEI Number: 59-3287528 — 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 has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

FEEK, WILLIAM
12843 HAPPY HILL RD
DADE CITY FL 33525

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City — FL — 65 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: William Feek — William Feek — 6/12/95
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	T/D	☑ Change ☐ Addition
NAME	FEEK, WILLIAM	12 NAME		
STREET ADDRESS	1095 A US 92 W	13 STREET ADDRESS		
CITY ST ZIP	AUBURNDALE FL 33823	14 CITY ST ZIP		
TITLE	D	21 TITLE	P/D	☐ Change ☐ Addition
NAME	FEEK, BETTY J	22 NAME		
STREET ADDRESS	1095 A US 92 W	23 STREET ADDRESS		
CITY ST ZIP	AUBURNDALE FL 33823	24 CITY ST ZIP		
TITLE	D	31 TITLE	S/D	☐ Change ☐ Addition
NAME	WEAVER, ALISA F	32 NAME		
STREET ADDRESS	1095 A US 92 W	33 STREET ADDRESS		
CITY ST ZIP	AUBURNDALE FL 33823	34 CITY ST ZIP		
TITLE	D	41 TITLE	V/D	☐ Change ☐ Addition
NAME	WEAVER, R. WAYNE	42 NAME		
STREET ADDRESS	1095 A US 92 W	43 STREET ADDRESS		
CITY ST ZIP	AUBURNDALE FL 33823	44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

CR2E034 (3/95)

14. 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.

SIGNATURE: William Feek — WILLIAM FEEK — 6/12/95 — 904 567 2948
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0100069 FP