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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # P9400093819

Princ	cipal	Plac	e of	Busine
2020	DIAN	JEEO	CIR	

## Jan 23, 1999 8:00 am Secretary of State 01-23-1999 90058 033 \*\*\*150.00

1. Corporatio	on Name						
ROMAN	CITRUS, INC.					IN (8188 (118) 1811	AL ER <b>û</b> ko (oki (og)
		•					
Principal Plac	ce of Business	Mailing Address			* 100110001  10 +0111 0111 00111 00111 00111 00111	18 18188 HYDI 1811	A TIMIN THE THRE
3030 PIONEER FT PIERCE FL		3030 PIONEER CIR FT PIERCE FL 34982			DO NOT WRITE IN THI	S SPACE	ty fol,
					3. Date Incorporated or Qualifed 12/27/1994	har jar	-
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	A	pplied For
21		26			65-0545591		ot Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired   \$8.75 Additt Fee Require			
City & Sta	ate	City & State			6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip 24	Country 25	Zip 29	Countr	ry	This corporation owes the current year in Personal Property Tax.	ntangible Yes	<b>X</b> No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registere	d Agent	
			84	11 Name			
515	hwerer, robert v i s indian river dr		83	2 Street Add	ress (P.O. Box Number is Not Acceptable)		· · · · · · · · · · · · · · · · · · ·
` FT !	PIERCE FL 34950		83	13			
			8.	4 City		85 Zip	Code
11 Dureyant	t to the provisions of Sections 607.050	2 and 607 1508 Florida Statu	ites the abo	ve-named corr	poration submits this statement for the purpose	of changing it	s registered
office or	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida, Such change was a	authorized by	ov the corporate	on's board of directors. I hereby accept the app	ointment as r	egisterea .
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if applicable. (NOT	E: Registered Ag	gent signature require	ed when reinstating) DATE		<del></del>
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	AND DIRECT	ORS IN 12
TITLE	DPST	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	BEMENDERFER, DEBORAH A		1.2 NAME	E			•
STREET ADDRESS	5412 PALM DR		1.3 STRE	EET ADDRESS		,	
CITY-ST-ZIP	FT PIERCE FL 34892-6161		1,4 CITY-	CT 7ID			*
TITLE	V			-31-21			-
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STREET ADDRESS	TEMPONE, PAMELA M	☐ DELETE	2.1 TITLE 2.2 NAME			Change	Addition
	s 3030 PIONEER CIR	☐ DELETE	2.2 NAME			Change	☐ Addition
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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 trusted empowered to except this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chartes, good in attachment with an address, with all other like empowered.

SIGNATURE: