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PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

CITY-ST-7IP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Jan 31 1997 8:00am

Secretary of State

Jan, 25, 1997 (941) 324-4122

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000016875 (3)

FLORIDA CITRUS CONSULTANTS INTERNATIONAL, INC.

Mailing Address 165 LAKE OTIS ROAD 165 LAKE OTIS ROAD WINTER HAVEN FL 33884-1061 WINTER HAVEN FL 33884 3. Date Incorporated or Qualified 3a. Date of Last Report 02/23/1995 01/24/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3333082 21 26 Not Applicable Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Yes No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ATTAWAY, JOHN A JR. ONE LAKE MORTON DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) LAKELAND FL 33801 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Stgnature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinslating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)DELETE THILE ☐ Change 1.1 TITLE ATTAWAY, JOHN A SR. NAME 1.2 NAME POST OFFICE BOX 205 N/A STREET ADDRESS 1.3 STREET ADDRESS WINTER HAVEN FL 33884 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 21 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2 3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 31 TITLE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CHTY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change ___ Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS**

6.4 CITY-ST-ZIP 14. I do 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