

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90012 038 ***158.75

DOCUMENT # **P95000021268**

1. Corporation Name
ARBOR CITRUS CORP.



Principal Place of Business
**760 W. HAMPSHIRE BLVD
SUITE 6
CITRUS SPRINGS FL 34434**

Mailing Address
**760 W. HAMPSHIRE BLVD
SUITE 6
CITRUS SPRINGS FL 34434**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 3879 SE Lake Weir Avenue
Suite, Apt. #, etc.
22
City & State
23 Ocala, FL
Zip Country
24 34480 25 USA

2a. Mailing Address
26 3879 SE Lake Weir Avenue
Suite, Apt. #, etc.
27
City & State
28 Ocala, FL
Zip Country
29 34480 30 USA

3. Date Incorporated or Qualified
03/15/1995

4. FEI Number
59-3318217 Applied For
Not Applicable

5. Certificate of Status Desired **XX** **\$8.75** Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00** May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**KEYSER, STEPHENS B
1515 RINGLING BLVD
SUITE 100-D
SARASOTA FL 34236**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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	P <input type="checkbox"/> DELETE	1.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SNYDER, DAVID M	1.2 NAME	Stephen P. Barnier
STREET ADDRESS	13215 S.R. 70 EAST	1.3 STREET ADDRESS	12321 Folger Street
CITY-ST-ZIP	BRADENTON FL 34202	1.4 CITY-ST-ZIP	Spring Hill, FL 34609
TITLE	V/S <input type="checkbox"/> DELETE	2.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NELSON, DEREK J	2.2 NAME	Stephen L. Gaston
STREET ADDRESS	2201 CANTUC CT., STE 110	2.3 STREET ADDRESS	5505 Boulder Blvd
CITY-ST-ZIP	SARASOTA FL 34232	2.4 CITY-ST-ZIP	Sarsota, FL 34233
TITLE	V <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYTTON, GARY	3.2 NAME	
STREET ADDRESS	760 W. HAMPSHIRE BLVD., STE 6	3.3 STREET ADDRESS	
CITY-ST-ZIP	CITRUS SPRINGS FL 34434	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/99

352-369-5575

CR2E034 (11/98)

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