FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 P9500035114 (4)

DOCUMENT #

1. Corporation Name

ROYAL ISLE CITRUS, INC.

APPROVEE AND FILED

98 MAY -1 PM 1: 32

SECRETARY OF STATE TALLAHASSEE, FLORIDA



| Principal Place of Business Mailing Address | | | | | | | | | |
|--|--|--------------------------------|--|--------------|--|--|---------------------------------|---|--|
| 540 GLENVIEW AVE. | | | 40 GLENVIEW AVE. | | | | | | |
| FT. PIERCE FL 3498 | 2 | 1 | FT. PIERCE FL 34982 | | | 3. Date Incorporated or Qualified | 3a Dale | of Last Report | |
| | | | | | | 05/01/1995 | N/ | | |
| | | та | Majira Address | | | 4. FEI Number | | Applied For | |
| Principal Place of Business Suite, Apt. #, etc. | | F | 2a. Mailing Address 26 Suite, Apl. #, etc. | | | 65-0586114 | | Not Applicable | |
| | | | | | | 5. Certificate of Status Desired | \$8.75 Additional | | |
| 22 | | 27 | | | | | | Fee Required | |
| City & State | | | Orty & State | | 6. Election Campaign Financing Trust Fund Contribution | | \$5.00 May Be Added to Fees | | |
| 3 | | 28 | | | | This corporation has liability for intangible tax under s. 199.032. | | | |
| Zip —1 | Country | 29 | Zip | 30 | • • | Florida Statutes 🔲 Ye | es 🏋No 🗀 | | |
| 9.1 | 25 Name and Address of Cu | | tered Agent | | | 10. Name and Address of New | Registered | Agent | |
| <u> </u> | | | | 8 | Manie | | | | |
| EBNER, KAY C | | | | 1 | | eet Address (P.O. Box Number is Not Acceptable) | | | |
| 803 FRENCH | | | | | | | | | |
| FT. PIERCE F | | | | 33 | | | | | |
| | | | | 1 | 34 City | | FL | 85 Zip Code | |
| | | | | | | oration submits this statement for the pard of directors. Thereby accept the a | o er oon of oh | anging its registered office | |
| SIGNATURE Signature | e typed or prised habit of registre OF HOER | Lagostaco (n. 1 S AND DIREC | CTORS | 13. | | ADDITIONS/CHANGES TO C | | DIRECTORS IN 12 | |
| TITLE | | | ☐ DELETE | 1 1 111 | · | Secretary | ` | | |
| NAME | | | | 1.2 NA1 | 1 | KAY C ELNE | Ave | • | |
| STREET ADDRESS | | | | | REET ADDRESS | 240 GIENO | 340 | 182 | |
| CITY-ST ZIP | | | ☐ DELFTE | 2 1 11 | Y-S" ZP | 7111000 | r = = = = = | Change Addition | |
| TITLE | | | | 2 2 NA | | | | | |
| NAME STREET ADDRESS | | | | 23 SI | REE1 ADDRESS | | | | |
| CITY-ST-ZIP | | | | 24 (1) | Y-ST-ZIP | | | Change Addition | |
| THLE | | | DELETE | 3 1 Ti | - | | | Charge C Nov acc | |
| NAME | | | | 3.2 NA | l. | a***** a*** | ~~~~ 4 | 820860 | |
| STREET ADDRESS | | | | | THEET ADDRESS | €) (J) (J) 0€/1 | 7190 I 4798-⊶i | 620000 11103001 | |
| CITY - S1 - ZIP | | | DELETE | 4 1 [1 | | **** | 200.00 | 01103001 □*****208,400° | |
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| NAME empert sondess | | | | | REEL ADDRESS | | | | |
| STREET ADDRESS CITY-ST ZIP | | | | 4.4 C | TY-ST ZIP | | | Change Addic | |
| TITLE | | | DELETE | 5 1 1 | i | 10 year | | Change Addition | |
| NAME | | | | 5 2 N | 1 | MSIN | | | |
| STREET ADDRESS | | | | | TREET ADDRESS | \mathcal{D}_{r-2} , | | | |
| CITY-ST-ZIP | | | DELETE | 54C | ITY-ST-ZIP | | | Change Add-txc | |
| TITLE | | | רין מיניניג | 62 N | i i | | | | |
| NAME | | | | | THEET ADDRESS | | | | |
| STREET ADDRESS | | | | 640 | HV. ST. 71E | | | 51 d. O. A. S | |
| 14 I do bereby cer | tify that the information su- | oplied with th | nis filing is voluntarily fo | urnished and | does not quali | ify for the exemption stated in Section | 119.07(3)(k), f the same lec | Florida Statutes. I fürther jal effect as if made unde | |

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)(K), Florida Statues. Flurities to hereby 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 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 cath; that I am an officer or director of the corporation or the receiver or trustee employeed to execute this report as required by Chapter 607, Florida Statues, and that my name appears in Block 12 or Block 13 if changing, or or an attentional pills an address.

SIGNATURE:

AND VIED OR PRINTED WAME OF SIGNING OFFICER OR DIRECTOR Y

4/23/96

407-595-9381
