

DOCUMENT # P95000035114

1. Entity Name

ROYAL ISLE CITRUS, INC.

| Principal Place of Business | Mailing Address |
|--|---|
| 3239 S US 1 FT. PIERCE FL 34982 US | 3239 S US 1 FT. PIERCE FL 34982-6346 US |

| | |
|---|---|
| 2. Principal Place of Business 803 French Cr Ln Suite, Apt. #, etc. | 3. Mailing Address 803 French Cr Ln Suite, Apt. #, etc. |
|---|---|

| | | | |
|-------------------------------|----------------|-------------------------------|----------------|
| City & State Ft. Pierce FL | | City & State Ft. Pierce FL | |
| Zip 34982 | Country USA | Zip 34982 | Country USA |

| | | |
|---------------|------------|----------------|
| 4. FEI Number | 65-0586114 | Applied For |
| | | Not Applicable |

| 6. Name and Address of Current Registered Agent | |
|---|--|
| EBNER, KAY C 803 FRENCH CREEK LN. FT. PIERCE FL 34982 | Name |
| | Street Address (If different from above) |
| | |
| | City |

FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE Kay C Ebner 4/28/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| | | |
|--|---|---|
| <p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/></p> | <p align="center">FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State</p> | <p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p> |
|--|---|---|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S EBNER, KAY C 203 FRENCH CREEK LN FT PIERCE FL 34982 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P STRAZZULLA, JOSEPH MINUTE MAIL RD FT PIERCE FL 34950 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T EBNER, C TRENT 803 FRENCH CIR LN FT PIERCE FL 34982 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kay C. Ethen 4/28/00 561-466-0561
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)