

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000057079 (2)

1. Corporation Name

ENGLEHART CITRUS HAULING, INC

Principal Place of Business

313 DUSK WAY
FORT PIERCE FL 34945

Mailing Address

313 DUSK WAY
FORT PIERCE FL 34945



3. Date Incorporated or Qualified

07/24/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0595716

Applied For

Not Applicable

22

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24

7. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

25

28

26

29

27

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POLACKWICH, ALAN S SR, ESQ
2770 INDIAN RIVER BLVD.
STE 501 UNIVEST BUILDING
VERO BEACH FL 32960

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 or officer or director

(NOTE: Registered Agent Signature is required when changing)

DATE

1/29/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
ENGLEHART, JOHN C
STREET ADDRESS
1335 32ND AVE
CITY-ST-ZIP
VERO BEACH FL 32960

TITLE ☐ DELETE

NAME
GITTO, CHARLES N JR
STREET ADDRESS
18 NANCY COURT
CITY-ST-ZIP
LEOMINSTER MA 01453

TITLE ☐ DELETE

NAME
DELLA PORTA, RAYMOND A
STREET ADDRESS
1975 COMPASS COVE DR.
CITY-ST-ZIP
VERO BEACH FL 32963

TITLE ☒ DELETE

NAME
WIEGEL, JEFFREY S
STREET ADDRESS
5011 W. HOMER AVE
CITY-ST-ZIP
TAMPA FL 33629

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

200001778332

-04/12/96--01042--013

***200.00

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAYMOND A. DELLA PORTA, PRESIDENT

DATE

Daytime Phone #

CR2E034 (12/95)

14-12-96