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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE.

## Sandra B. Mortham

**FILED** 

May 07 1997 8:00am

Secretary of State

4/28/97 511 4/1-0635

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000065911 (6) HONEY GOLD CITRUS, INC.

Principal Place	e of Business	Mailing Address							
6805 BAYARD I FT. PIERCE FL	RD.								
					3. Date Incorporated or Qualific 08/24/1995		Date of Last R /16/1996	Report	
	lace of Business	2a. Mailing Address	Mailing Address		<b>4.</b> FEI Number <b>65-0602863</b>		<b>+</b>	Applied For	
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.				———;l <del> </del>	ot Applicable Additional	
22		27			5. Certificate of Status Desired			equired	
City & State	9	City & State			6. Election Campaign Financing			May Be	
Zip	Country	<b>Z</b> ip	Country	,	Trust Fund Contribution			to Fees	
24	25	29	30	,	This corporation has liability f     Florida Statutes	or intangibl		. 199.032,	
31	9. Name and Address of Cur		1501		10. Name and Address of New				
	LIPS, KENDALL J		81	Name					
239 S. INDIAN RIVER DR.				Street Add	dress (P.O. Box Number is Not Accep	lable)			
FT. F	PIERCE FL 34950			Carobi ride					
			83						
			84	Crty		FI	<b>85</b> Zip	Code	
office or re	to the provisions of Sections 607.0 egistered agent, or both, in the St m familiar with, and accept the ob-	ate of Florida. Such change was	authorized b	y the corpora	poration submits this statement for thation's board of directors. I hereby ac	o purpose	of changing if	ts registered registered	
	Signature, typed or printed name of registrical		It: Rogistered Ag	ent signature requ	uired which reinstating)	DAte			
12.	OFFICERS /	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS AN			
TITLE	PARRISH, LINDA M	L_I DELETE	1.1 TOLE				L Change	Addition	
NAME STREET ADDRESS	6805 BAYARD RD.		1.2 NAME	LIDDOFFIO					
· · · · · · · · · · · · · · · · · · ·	FT. PIERCE FL 34951		1.3 STREET						
CHY-ST-ZIP TITLE	VST	DELETE	2.1 TITLE	51 - 214			Change	Addition	
NAME	PARRISH, REECE J		2.2 NAME						
STREET ADDRESS	6805 BAYARD RD.		2.3 STREE	ADDRESS					
CITY-ST-ZIP	FT. PIERCE FL 34951		2. 4 CITY-	S1 - 7IP					
TITLE		DELETE	3.1 TITLE				Change	Addition	
NAME			3.2 NAME						
STREET ADDRESS			3.3 STR££	ADORESS					
CITY-ST-ZIP		T prieze	3.4. CITY -	S1 · ZIP				The same of	
TITLE		☐ DELETE	4.1 TITLE				☐ Change	☐ Addition	
NAME CTOSET ADDRESS			4 2 NAME	ADDOCCO					
STREET ADDRESS			4 3 \$1REF	i					
CITY-ST-ZIP		DELETE	4.4 CITY - 5.1 TITLE	51 - 212			Change	Addition	
NAME		Salar Caralla	5.2 NAME				5.m.igo		
STREET ADDRESS			5.3 STREE	ADDRESS					
CITY-ST-ZIP			5.4 C(1Y-						
TITLE		DELETE	6.1 TITLE				Change	Addition	
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREE	ADDRESS					
CITY-ST-ZIP		/ADMIN' */p	64 City-	S1 - 7/P					
informatio I am an of	n indicated on this annual report of	or supplomental annual report is t For the receiver or trustee empoy	true and acci vered to exec	trate and the	ed in Section 119.07(3)(i), Florida Statut in y signature shall have the same to out as required by Chapter 607, Florid	nal effect a	as if made un	ider path: the	