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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000074147 (6)

HEARTLAND CITRUS, INC.

Principal Place of Business	Mailing Address	
712 GOOCH RD FT MEADE FL 33841	P.O. BOX 10 FT. MEADE FL 33841	
TI MENDE IE 30047	FI. MENDE 1E 00041	
2. Principal Place of Business	2a. Mailing Address	
নী	26	

FILED
Apr 21 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/25/1995

2. Principal P	cipal Place of Business 2a. Mailing Address				4. FEI Number	Applied For	
21		26			59-3336539	Not Applicable	
Suite, Apt.	Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	e	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Z _i p [29]	Count 30	ry	This corporation owes or has paid the corporation owes or has paid the corporation owes are has paid the corporation.	urrent year Intangible Yes No	
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Registered	Agent	
BECK, CHRISTOPHER S				1 Name			
712 GOOCH RD FT MEADE FL 33841			R	82 Street Address (P.O. Box Number is Not Acceptable)			
			Ι	2 Sileer Au	idress (1.0. box narriber is not acceptable)		
			8	3			
}			\ <u>_</u>	4		1-15.6	
Í			8	4 City	Fi	85 Zip Code	
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the obli	le of Florida. Such change v	was authorized h	by the corpor	orporation submits this statement for the purpose ration's board of directors. I hereby accept the ap	of changing its registered pointment as registered	
SIGNATURE	Signature, typed or printed name of registered a	gers and title if applicable	(NOTE: Registered A	gent signature rec	quired when reinstating) DATE		
12.	OFFICERS AF	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12	
TITLE	Р	☐ DELETE	1.1 TITLE	Ţ		☐ Change ☐ Addition	
NAME	DEVANE, FLOYD K JR		1.2 NAME				
STREET ADDRESS	912 9TH ST		1.3 STAF	ET ADDRESS		l	
CITY-ST-ZIP	FT. MEADE FL 33841		1.4 CITY-	-ST-ZIP			
TITLE	VP	☐ DECE IE	2.1 TITLE			Change Addition	
NAME I	BECK, CHRISTOPHER S		2.2 NAME	: [
STREET ADDRESS	1610 LAKESIDE DR.		2.3 STAE	ET ADDRESS			
CITY-ST-ZIP	BARTOW FL 33830		2. 4 CITY	- S1 - ZIP			
TITLE	S	DELFTE	3.1 TITLE			☐ Change ☐ Addition	
NAME	SMITH, LEONARD C III		3.2 NAME	:			
STREET ADDRESS	P.O. BOX 1021 N/A		3.3 STREE	1 ADDRESS			
CITY-ST-ZIP	SEBRING FL 33870		3.4. CITY	-ST-ZIP			
TITLE		DELETE				☐ Change ☐ Addition	
NAME			4. 2 NAM	£ .]			
STREET ADDRESS			4.3 STRF	1 ADDRESS			
CITY-ST-ZIP			4.4 City-	ST-ZIP		,	
TITLE		☐ DELETE				☐ Change ☐ Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STRF	ET ADDRESS		•	
CITY-ST-ZIP			5.4 CRY-	i			
TITLE		DELFTE				Change Addition	
NAME		:	6.2 NAME				
STREET ADDRESS			1	T ADDRESS			
CITY-ST-ZIP			6.4 CITY			ļ	
OU 1 - 01 - 41L	İ		0.4 (111)	01-511			

14. Thereby 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 frue 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.

CHATURE Charles & CHRISTOPHER S. BECK 04/13/8/41-285-7188