

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P95000075488 (3)**

1. Corporation Name  
**D & P CITRUS, INC.**



Principal Place of Business: **380 AVENUE C SOUTHWEST WINTER HAVEN FL 33880**  
Mailing Address: **380 AVENUE C SOUTHWEST WINTER HAVEN FL 33880**

3. Date Incorporated or Qualified: **09/27/1995**  
3a. Date of Last Report: **09/27/1995**  
4. FEI Number: **59-3338792**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 State, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country  
2a. Mailing Address: 26 State, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country  
24 25 29 30

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**PHARES, CLIFTON J III  
380 AVENUE C SOUTHWEST  
WINTER HAVEN FL 33880**

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 607.0506, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Signature of the person performing the registration and that of the registered agent, if different, are required.)

**12. OFFICERS AND DIRECTORS**

1. TITLE: **D**  DELETE  
NAME: **DAVIS, LARRY T JR**  
STREET ADDRESS: **908 LAKE JESSE DRIVE**  
CITY-STATE-ZIP: **WINTER HAVEN FL 33881**

2. TITLE: **D**  DELETE  
NAME: **PHARES, CLIFTON J III** *EAST*  
STREET ADDRESS: **708 AVENUE L SOUTHWEST**  
CITY-STATE-ZIP: **WINTER HAVEN FL 33880**

3. TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

4. TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

5. TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

6. TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1. TITLE:  Change  Addition  
1.2 NAME:  
1.3 STREET ADDRESS:  
1.4 CITY-STATE-ZIP:

2. TITLE:  Change  Addition  
2.1 TITLE:  
2.2 NAME:  
2.3 STREET ADDRESS:  
2.4 CITY-STATE-ZIP:

3. TITLE:  Change  Addition  
3.1 TITLE:  
3.2 NAME:  
3.3 STREET ADDRESS:  
3.4 CITY-STATE-ZIP:

4. TITLE:  Change  Addition  
4.1 TITLE:  
4.2 NAME:  
4.3 STREET ADDRESS:  
4.4 CITY-STATE-ZIP:

5. TITLE:  Change  Addition  
5.1 TITLE:  
5.2 NAME:  
5.3 STREET ADDRESS:  
5.4 CITY-STATE-ZIP:

6. TITLE:  Change  Addition  
6.1 TITLE:  
6.2 NAME:  
6.3 STREET ADDRESS:  
6.4 CITY-STATE-ZIP:

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 Statutes. I further 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 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.

SIGNATURE: *Clifton J Phares III* **Clifton J Phares III** **2/8/96** **941 293-6108**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAY-MONTH-YEAR

CR2E034 (12/95)