

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
30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

Signature of the person named as registered agent in this report

Signature of Registered Agent (signature required when registering)

DATE

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
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP

2. TITLE: Change Addition
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP

3. TITLE: Change Addition
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP

4. TITLE: Change Addition
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

5. TITLE: Change Addition
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

6. TITLE: Change Addition
62 NAME
63 STREET ADDRESS
64 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)