

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
 Oct 14 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24 25
 2a. Mailing Address
 26 P.O. Box 1636
 Suite, Apt. #, etc.
 27
 28 Winter Haven, FL
 City & State
 29 33882
 Zip
 30 USA
 Country

3. Date Incorporated or Qualified: 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes [checked] No

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 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS
 TITLE: D [DELETE] NAME: DAVIS, LARRY T JR STREET ADDRESS: 908 LAKE JESSE DRIVE CITY-ST-ZIP: WINTER HAVEN FL 33881
 TITLE: D [DELETE] NAME: PHARES, CLIFTON J III STREET ADDRESS: 708 AVENUE L SOUTHEAST CITY-ST-ZIP: WINTER HAVEN FL
 TITLE: [DELETE] NAME: STREET ADDRESS: CITY-ST-ZIP:
 TITLE: [DELETE] NAME: STREET ADDRESS: CITY-ST-ZIP:
 TITLE: [DELETE] NAME: STREET ADDRESS: CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 1.1 TITLE [Change] [Addition] 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
 2.1 TITLE [Change] [Addition] 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
 3.1 TITLE [Change] [Addition] 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
 4.1 TITLE [Change] [Addition] 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
 5.1 TITLE [Change] [Addition] 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
 6.1 TITLE [Change] [Addition] 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I hereby 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 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: _____ DATE: _____

CR2E034 (5/98)