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

FILED
May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
**1997**

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

DOCUMENT # **P95000078333 (8)**

1. Corporation Name
**SOUTHERN STAR CITRUS PRODUCTS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 905 W STORY RD<br>WINTER GARDEN FL 34787 | 905 W STORY RD<br>WINTER GARDEN FL 34787-3318 |

[redacted]

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc<br>27 |
| City & State<br>23 | City & State<br>28 |
| Zip / Country<br>24 / 25 | Zip / Country<br>29 / 30 |

Date of Last Report
0/1996

☐ Applied For
☐ Not Applicable

8.75 Additional Required

.00 May Be Added to Fees

Under s. 199.032, No

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

MARTIN, LOU ELLEN
905 WEST STORY ROAD
WINTER GARDEN FL 34787

**Agent**

81
82
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: Lou Ellen Martin — Lou Ellen Martin — 4-29-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | DPST | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | BURCH, WILLIAM | | 1.2 NAME | | |
| STREET ADDRESS | 905 W STORY RD | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | WINTER GARDEN FL 34787 | | 1.4 CITY-ST-ZIP | | |
| TITLE | VPD | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | Raymond Young | | 2.2 NAME | | |
| STREET ADDRESS | 905 W. Story Rd. | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | Winter Garden, FL 34787 | | 2.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 3.2 NAME | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 3.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 4.2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

CR2E034 (9/96)

**14.** I do 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:** William Burch III — William Burch — 4-29-97 — 407-656-3177