

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

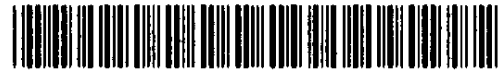
FILED
Mar 19 1997 8:00am
Secretary of State

DOCUMENT # P95000082248 (2)

1. Corporation Name
ROXBAR CITRUS TRUCKING, INC.

Principal Place of Business
**2306 SOUTH KINGS HWY
FT PIERCE FL 34945**

Mailing Address
**2306 SOUTH KINGS HWY
FT PIERCE FL 34945-2642**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/24/1995		3a. Date of Last Report 05/21/1996	
21. Subc., Apt. #, etc.		26. Subc., Apt. #, etc.		4. FEI Number 65-0622307		Applied For Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24. Country		29. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No			

9. Name and Address of Current Registered Agent

**MCALARNEN, MATTHEW J
2306 SOUTH KINGS HWY
FT PIERCE FL 34945**

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 _____ DATE _____
(NOTE: Registered Agent signature required when resigning.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	☐ Change ☐ Addition
NAME	MCALARNEN, MATTHEW J	1.2 NAME	
STREET ADDRESS	935 32ND AVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	VERO BEACH FL 32960	1.4 CITY - ST - ZIP	
TITLE	VSD	2.1 TITLE	☐ Change ☐ Addition
NAME	HOPKINS, CLYDE C	2.2 NAME	
STREET ADDRESS	7707 SAN CARLOS DR	2.3 STREET ADDRESS	
CITY - ST - ZIP	FT PIERCE FL 34951	2.4 CITY - ST - ZIP	
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	MIZUNO, AKIO	3.2 NAME	
STREET ADDRESS	2916 A1A	3.3 STREET ADDRESS	
CITY - ST - ZIP	VERO BEACH FL 32963	3.4 CITY - ST - ZIP	
TITLE	S	4.1 TITLE	☐ Change ☐ Addition
NAME	UYEDA, HIROSHI	4.2 NAME	
STREET ADDRESS	3076 CARDINAL DR	4.3 STREET ADDRESS	
CITY - ST - ZIP	VERO BEACH FL 32963	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 included 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: *Matthew J McAlarnen*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-97 561-460-7529
Date Day to File

CR2E034 (9/96)