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

Mailing Address

302 PROGRESS ROAD

AUBURNDALE FL 33823

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P95000089399**1. Corporation Name

Principal Place of Business

302 PROGRESS ROAD

AUBURNDALE FL 33823

SATERBO-WATSON CITRUS, INC.

					11/21/1995		
Principal Place of Business 2a. Mailing Address					4. FEI Number	. Ap	plied For
7 / ////					59-3348465	No	t Applicable
21 Suite Ast 1	Suite, Apt. #, etc. Suite, Apt. #, etc.					\$8.75	Additional
	27				5. Certificate of Status Desired	Fee Re	quired
22					6. Election Campaign Financing	\$5.00	May Be
					Trust Fund Contribution	Added t	
23 Zip					8. This corporation owes the current	vear Intangible	
—, '	25 29 30		0		Personal Property Tax.	Yes	□No
24	9. Name and Address of Current				10. Name and Address of New Regi	stered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				Street Add	ress (P.O. Box Number is Not Acceptable	 	79.25
				83			1957年1118年
// **				1. [4] [17] 新田 · · · · · · · · · · · · · · · · · ·			
			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 register.							registered
** affine at registered agent, or both, in the State of Finnas, Stich change was autifulized by the cultoration a body and discours. I noted agent are appearanced agent, in the State of Finnas, Stich change was autifulized by the cultoration a body and a contract of the state of Finnas, Stich change was autifulized by the cultoration as a contract of the state of Finnas, Stich change was autifulized by the cultoration and the state of Finnas, Stich change was autifulized by the cultoration and the state of Finnas, Stich change was autifulized by the cultoration and the state of Finnas, Stich change was autifulized by the cultoration and the state of Finnas, Stich change was autifulized by the cultoration and the state of Finnas and Stich change was autifulized by the cultoration and the state of Finnas and Stich change was a state of Finnas and Fin							
agent. I ar	m familiar with, and accept the obligati	ons of, Section 607.0505, Florid	la Statutes.	•	•		
SIGNATURE Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registere			13.	t signature require	ADDITIONS/CHANGES TO OFFIC		RS IN.12
12.		DELETE	1.1 TITLE	T	The state of the s	☐ Change	Addition
TITLE	PD OTERNEY	- DELETE	1			25 \$	
NAME	OATENBO, OTENBER O		1.2 NAME				ļ
STREET ADDRESS	50E 1 110 G1 E 50 1.07 E		1.3 STREET				. 1
CITY-ST-ZIP	AUBURNDALE FL 33823		1.4 CITY-ST	r-ZIP		☐ Change	☐ Addition
TITLE	STD	☐ DELETE	2.1 TITLE		•		
NAME	WATSON, CHARLES E		2.2 NAME				
STREET ADDRESS	AUBURNDALE FL 33823		2.3 STREET ADDRESS			•	
CITY-ST-ZIP			2. 4 CITY-S	T-ZIP		Change	Addition
TITLE	☐ DELETE 3.11		3.1 TITLE			☐ Change	☐ Addition
NAME	3.2		3.2 NAME				
STREET ADDRÈSS	3		3.3 STREET	ADDRESS	地震 法犯债额建设处理		"传净净"接
CITY-ST-ZIP			3.4. CITY-ST-ZIP				
TITLE	☐ DELETE 4.		4.1 TITLE		The triby the first see here	t i Change	Addition
NAME .			4. 2 NAME		•		
STREET ADDRESS	4.3		4.3 STREET	T ADDRESS			
CITY-ST-ZIP		·	4.4 CITY-S	T- ZIP			Part A 4 100
TITLE			5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME		12. g \$14. s 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
STREET ADDRESS			5.3 STREE	TADDRESS			
CITY-ST-ZIP	XX			T-ZIP			
TITLE	DELETE 6.11		6.1 TITLE			Change	Addition
NAME			6.2 NAME			•	
STREET ADDRESS			6.3 STREE	T ADDRESS			
0.7.4.07.717		•	6.4 CITY-S		,		
14. I hereby o	certify that the information supplied with	h this filing does not qualify for t	the exempt	ion stated in	Section 119.07(3)(i), Florida Statutes. I fu	rther certify that the	information
14. Thereby certify that the information supplied with this filling does not quality for the explicit state in Section 1 (30). The same legal effect as if made under oath; that I am an 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 indicated on this annual report or supplemental annual report is true and accurate this report as required by Chapter 607. Florida Statutes; and that my name appears in							
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 dain, that if an officer or director of the corporation or the receiver optrustee 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 for on an attachment with an address, with all other like empowered.							

SIGNATURE

FILED

Feb 15, 1999 8:00am

Secretary of State

DO NOT WRITE IN THIS SPACE

02-15-1999 90004 029 ***150.00

941-696-8191