

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000043291

1. Corporation Name  
TROPICAL CITRUS SECTIONS, INC.

Principal Place of Business: 2135 N OLD DDUE HWY FT PIERCE FL 34946 US  
Mailing Address: 2135 N OLD DDUE HWY FT PIERCE FL 34946 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/14/1996

4. FEI Number: 65-0674427

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 the current year intangible personal property tax:  Yes  No

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent  
KIRKLAND, RICHARD L  
6990 45TH ST  
VERO BEACH FL 32967

10. Name and Address of New Registered Agent  
81 Name: DAVID R LANGFITT JR  
82 Street Address (P.O. Box Number is Not Applicable): 2425 53RD AVE  
83  
84 City: VERO BEACH FL 85 Zip Code: 32966

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: *David R Langfitt Jr* (Signature) *David R Langfitt Jr* (Typed Name) DATE: 3-22-99

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	LANGFITT JR DAVID R	
STREET ADDRESS	2425 53RD AVE	
CITY-ST-ZIP	VERO BEACH FL 32968	
TITLE	P	<input type="checkbox"/> DELETE
NAME	LANGFITT JR, DAVID R	
STREET ADDRESS	2425 53RD AVE	
CITY-ST-ZIP	VERO BEACH FL 32968	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LANGFITT, GAIL C	
STREET ADDRESS	2425 53RD AVE	
CITY-ST-ZIP	VERO BEACH FL 32966	
TITLE	SECR	<input type="checkbox"/> DELETE
NAME	GAIL LANGFITT	
STREET ADDRESS	2425 53RD AVE	
CITY-ST-ZIP	VERO BEACH FL 32966	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE: *David R Langfitt Jr* (Signature) *David R Langfitt Jr* (Typed Name) DATE: 3-22-99

CR2E034 (11/98)