

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90201 031 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000047414

1. Corporation Name

CITRUS PROCESSORS, INC.

Principal Place of Business

3234 S FLORIDA AVE
SUITE A
LAKELAND FL 33803
US

Mailing Address

~~P.O. BOX 7032~~
~~LAKELAND FL 33807~~
~~US~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		4. FEI Number		Applied For	
21		26		06/04/1996		59-3380591		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		X		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing		Trust Fund Contribution		□ \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax.		□ Yes		X No	
23		28		24		25		29	
Zip		Country		Zip		Country		30	
33813		Polk		31		32		33	

9. Name and Address of Current Registered Agent

~~ANNE BOOKER~~
~~6545 LONGWOOD TRACE LANE S~~
~~LAKELAND FL 33811~~

10. Name and Address of New Registered Agent

81 Name	DENISE R. SCHECH		
82 Street Address (P.O. Box Number is Not Acceptable)	3234 S. Florida Ave, Suite A		
83			
84 City	Lakeland	85 FL	86 Zip Code 33803

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 Denise R. Schech Denise R. Schech 4/30/99
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	PTS BOOKER, ANNE <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PSTD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOOKER, ANNE	1.2 NAME	SCHECH, DENISE R.
STREET ADDRESS	6545 LONGWOOD TRACE LANE S	1.3 STREET ADDRESS	4798 S. Florida Ave
CITY-ST-ZIP	LAKELAND FL 33811	1.4 CITY-ST-ZIP	Lakeland, FL 33813
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 Denise R. Schech Denise R. Schech 4/30/99 (941) 607-4300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)