

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90091 004 ***150.00

DOCUMENT # P96000055077

1. Corporation Name

RIVER SUN CITRUS MANAGEMENT, INC.

Principal Place of Business

**234 S 6TH AVE
WAUCHULA FL 33873**

Mailing Address

**234 S 6TH AVE
WAUCHULA FL 33873**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/25/1996

4. FEI Number

65-0682473

Applied For

Not Applicable

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

21 206 N. 6th Avenue

Suite, Apt. #, etc.

22

City & State

23 Wauchula, FL

Zip

24 33873-6325

Country

25 USA

2a. Mailing Address

26 P. O. Box 2325

Suite, Apt. #, etc.

27

City & State

28 Wauchula, FL

Zip

29 33873-6325

Country

30 USA

9. Name and Address of Current Registered Agent

**SEE, JAMES V JR
234 S 6TH AVE
WAUCHULA FL 33873**

10. Name and Address of New Registered Agent

81 Name

James V. See, Jr.

82 Street Address (P.O. Box Number is Not Acceptable)

206 North 6th Avenue

83

84 City

Wauchula,

FL

85 Zip Code

33873

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

Signature typed or printed name of registered agent and title if applicable.

James V. See, Jr.

January 26, 1999

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
**PSD
SEE, JAMES V JR
707 OAK FOREST DR
WAUCHULA FL 33873**

TITLE ☐ DELETE

NAME
**CD
MCKANE, DAVID B
274 RIVERSIDE AVE, 1ST FL
WESTPORT CT 06880**

TITLE ☐ DELETE

NAME
**CD
ROBBINS, PETER G
274 RIVERSIDE AVE, 1ST FL
WESTPORT CT 06880**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James V. See, Jr. (941) 773-9725

Date

Daytime Phone #

CR2E034 (1/98)