

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 005 ***150.00

DOCUMENT # P96000056233

1. Corporation Name

RIVER SUN CITRUS MANAGEMENT, I, INC.

Principal Place of Business

234 S. 4TH AVENUE
WAUCHULA FL 33873

Mailing Address

234 S. 4TH AVENUE
WAUCHULA FL 33873

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/28/1996

4. FEI Number
65-0701219

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.

2a. Mailing Address

26 P. O. Box 2325
Suite, Apt. #, etc.

22

City & State

23 Wauchula, FL

27

City & State

28 Wauchula, FL

24

Zip

Country

33873

25

USA

29

Zip

Country

33873

30

USA

9. Name and Address of Current Registered Agent

SEE, JAMES V JR.
234 S. 6TH AVENUE
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

January 26, 1999

DATE

12. Name, title, or principal name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
PSD
SEE, JAMES V JR.
STREET ADDRESS
707 OAK FOREST DR
CITY-ST-ZIP
WAUCHULA FL 33873

TITLE ☐ DELETE

NAME
D
MCKANE, DAVID B
STREET ADDRESS
274 RIVERSIDE AVENUE, FIRST FLOOR
CITY-ST-ZIP
WESTPORT CT 06880

TITLE ☐ DELETE

NAME
D
ROBBINS, PETER G
STREET ADDRESS
274 RIVERSIDE AVENUE, FIRST FLOOR
CITY-ST-ZIP
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:

James V. See, Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 26, 1999 (941) 773-9725

Date

Daytime Phone #

CR2E034 (1/98)

0437917