

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Via Cert Return R

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Secretary of State

03-01-1999 90091 006 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # P96000056247

1. Corporation Name
RIVER SUN CITRUS MANAGEMENT, II, INC.



Principal Place of Business
**234 S. 6TH AVENUE
 WAUCHULA FL 33873**

Mailing Address
**234 S. 6TH AVENUE
 WAUCHULA FL 33873**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 206 N. 6th Avenue

2a. Mailing Address
26 P. O. Box 2325

Suite, Apt. #, etc.
22

City & State
23 Wauchula, FL

City & State
28 Wauchula, FL

Zip Country
24 33873 25 USA

Zip Country
29 33873 30 USA

3. Date Incorporated or Qualified
06/28/1996

4. FEI Number
65-0701222

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

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 607.0505, Florida Statutes.

SIGNATURE **James V. See, Jr.** DATE **January 26, 1999**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEE, JAMES V JR.	1.2 NAME	
STREET ADDRESS	707 OAK FOREST DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	WAUCHULA FL 33873	1.4 CITY-ST-ZIP	
TITLE	DC <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKANE, DAVID B	2.2 NAME	
STREET ADDRESS	274 RIVERSIDE AVE, 1ST FLOOR	2.3 STREET ADDRESS	
CITY-ST-ZIP	WESTPORT CT 06880	2.4 CITY-ST-ZIP	
TITLE	DC <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBBINS, PETER G	3.2 NAME	
STREET ADDRESS	274 RIVERSIDE AVE, 1ST FLOOR	3.3 STREET ADDRESS	
CITY-ST-ZIP	WESTPORT CT 06880	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: **James V. See, Jr.** DATE **January 26, 1999** (941) 773-9725

CR2E034 (1/198)