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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000069032 (6)

J. B. ROGERS CITRUS, INC.

## **FILED** Feb 03 1997 8:00am Secretary of State



Principal Place of Business Mailing Address			3 INDRINDER DES SMALD MAIN MUIN MUIN MUIN MUIN MAIN HANN MUINE PANN MUINE PANN AND AND AND		
917 S.E. LAKEVIEW DRIVE SEBRING FL 33870	917 S.E. LAKEVIEW DRI SEBRING FL 33870-4345				·
					3. Date incorporated or Qualified 3a. Date of Last Report 08/19/1996
2. Principal Place of Business	2a. Mailing Address				4. FEI Number   Applied Fo
Suite, Apt. #, etc.	<b>26</b>				5. Certificate of Status Desired S8.75 Additions
22	27			<del></del>	Fee Required
City & State	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip Country	Zip	Cour	ntry		8. This corporation has liability for intangible tax under s. 199.03
24 25	29	30			Florida Statutes Yes M No
	of Current Registered Agent		81	Name	10. Name and Address of New Registered Agent
HUBBARD, CONRAD E				rvante	
5701 MAIN STREET NEW PORT RICHEY FL 346	59	[1	82	Street Addr	ress (P.O. Box Number is Not Acceptable)
HETT FOR HIGHER IS OTO	VE.	ļī	83		
•		<u> </u>	84	City	85 Zip Code
					poration submits this statement for the purpose of changing its registe
<b>12.</b> OF F	registered agent and title if approable. (I	NOTE: Registered	Age	ent signature requir	ired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE P.D.	DELETE	1.1 TIT	LE		☐ Change ☐ Ado
NAME JOSON B. RO	gers	1.2 NA	ME		
STREET ADDRESS 917 SE LOK	enwor.			ADDRESS	
TITLE Sebring,	TOELETE	1.4 CiT 2.1 TiTi		ST-ZIP	Change Add
NAME Amberlee P. RO	gers venew Dr. FL 33870  coers eview Dr.	2.2 NA			
STREET ADDRESS 917 S.E. LOK	eriewar.	2.3 STF	₹EET	ADDRESS	
CITY-ST-78 Schna, TU	00870	2. 4 CI		ST-ZIP	
NAME	DELETE	3.1 TITO 3.2 NAI			L] Change L  Add
STREET ADDRESS	•			ADDRESS	
City-St-ZiP		3.4. CH			·
TOLE	DELETE	4.1 111	ιE		Change Add
NAME		4. 2 NA			
STREET ADORESS				ADDRESS	
CHY-ST-ZIP TITLE	DELETE	4.4 CIT 5.1 TITI		01-41	Change Adv
NAME		5.2 NAI			
STREET ADDRESS				ADDRESS	
Crty - St - ZiP		5.4 CIT	Y-5	ST-ZIP	
TITLE	DELETE	6.1 TIT	LE		, Change Ad
NAME		6.2 NA	ME		
STREET ADDRESS		6.3 STF	REET	ADORESS	·
CITY-ST-ZIP		6.4 CIT	Y-5	T-ZIP	

14. I do 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.