

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

FILED
May 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000089030 (6)

1. Corporation Name

FLORIDA CITRUS LANDS, INC.

Principal Place of Business

Mailing Address

**3665 BEE RIDGE ROAD
SUITE 310
SARASOTA FL 34233**

**3665 BEE RIDGE ROAD
SUITE 310
SARASOTA FL 34233**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 10/29/1996		4. FEI Number 65-0725587		Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees					
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CARRION, JAIME S
3665 BEE RIDGE ROAD
SUITE 310
SARASOTA FL 34233**

81 Name

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

83

84 City

FL

85 Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARRION, JAIME S			1.2 NAME	CARRION, JAIME S.		
STREET ADDRESS	3665 BEE RIDGE ROAD #310			1.3 STREET ADDRESS	3665 Bee Ridge Road #310		
CITY-ST-ZIP	SARASOTA FL 34233			1.4 CITY-ST-ZIP	Sarasota, FL 34233		
TITLE	VPS	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THOMAS, DORA M			2.2 NAME			
STREET ADDRESS	3665 BEE RIDGE ROAD #310			2.3 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34233			2.4 CITY-ST-ZIP			
TITLE	VPT	<input type="checkbox"/> DELETE		3.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	McSWEENEY, ANINA C			3.2 NAME	McSWEENEY, ANINA C.		
STREET ADDRESS	3665 BEE RIDGE ROAD #310			3.3 STREET ADDRESS	3665 Bee Ridge Road #310		
CITY-ST-ZIP	SARASOTA FL 34233			3.4 CITY-ST-ZIP	Sarasota, FL 34233		
TITLE	VP	<input type="checkbox"/> DELETE		4.1 TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARRION, JAIME R			4.2 NAME	CARRION, JAIME R.		
STREET ADDRESS	3665 BEE RIDGE ROAD #310			4.3 STREET ADDRESS	3665 Bee Ridge Road #310		
CITY-ST-ZIP	SARASOTA FL 34233			4.4 CITY-ST-ZIP	Sarasota, FL 34233		
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.

SIGNATURE:

ANINA C. McSWEENEY

4/25/98

(941) 923-4551

CR2E034 (10/97)