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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000026583 (9)

A1A CITRUS NURSERY, INC.

Principal Place of Business Mailing Address 3254 B ROAD LOXAHATCHEE FL 33470 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/25/1997	ATA CITROS NONSENT, INC.						
LOXAHATCHEE FL 33470	Principal Plac	e of Business	Mailing Address				
2. Principal Place of Business 2a. Mailing Address 4. Fel Number Applied For 21 26 Sulfo, Apt. #, etc. Sulfo, Apt. #							
Suite, Apt. #, etc. Suite, Ap	[03/25/1997
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. So. Certificate of Status Desired \$8.75 Additional Procession of Status Desired So. Certificate of Status Desired So. Certificate of Status Desired So. Ol May Bo. Added to Fees Additional Procession of Status Desired So. Certificate of Status Desired So. Ol May Bo. Added to Fees Added to Fees So. Ol May Bo. Added to Fees	 . '						
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City & State 28 City & State 29 Country 29 Country 29 29 30 Country 3. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	L					LE Contitionto at Statue Degrad	
Zip Country St. This corporation owers or has paid the current year intendiction Added to Fees			11				
25	23		28				
9. Name and Address of Current Registered Agent FROEHLICH, DAVID L SR. 3254 B ROAD LOXAHATCHEE FL 33470 82 Street Address (P.O. Box Number is Not Acceptable) 83 Ref 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 of office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, and both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, and both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent agent and state if applicable. SIGNATURE Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D Change Addition NAME FROEHLICH, DAVID L SR. 12. NAME 12. STREET ADDRESS CITY-57-2P LOXAHATCHEE FL 33470 DELETE 21. TITLE D Change Addition NAME FROEHLICH, LINDA B 22. NAME 22. NAME 22. NAME 33. STREET ADDRESS CITY-57-2P LOXAHATCHEE FL 33470 DELETE 31. TITLE Change Addition NAME STREET ADDRESS CITY-57-2P LOXAHATCHEE FL 33470 DELETE 31. TITLE Change Addition Addition NAME STREET ADDRESS CITY-57-2P Addition ACITY-57-2IP TITLE DELETE 4.1 TITLE Change Addition Addition ACITY-57-2IP TITLE DELETE 4.1	Zıp	Country	Country Zip Cour		ntry		
FROEHLICH, DAVID L SR. 3254 B ROAD LOXAHATCHEE FL 33470 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, and accept the obligations of, Section 607.0505, Florida Statutes SIGNATURE Signature, typed or permise name of registering agent and still of applicable. (NOTE: Registered Agent signature required when reintaining) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE DELETE 1.1 TITLE DIAGNAME FROEHLICH, DAVID L SR. 3254 B ROAD 1.2 STREET ADDRESS 3254 B ROAD 1.3 STREET ADDRESS 3254 B ROAD 1.4 CITY-ST-2IP TITLE DIAGNAME FROEHLICH, LINDA B 32 STREET ADDRESS 3254 B ROAD 23 STREET ADDRESS 5007-ST-2IP LOXAHATCHEE FL 33470 DELETE 3.1 TITLE DATE Change Addition Change Addition TITLE DIAGNAME 12 NAME 32 STREET ADDRESS CITY-ST-2IP TITLE Change Addition Change Addition TITLE Change Addition Change Addition TITLE Change Addition Addition TITLE Change Addition				0			
S254 B ROAD LOXAHATCHEE FL 33470 82 Street Address (P.O. Box Number is Not Acceptable) 83 R4 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 arm familiar with, and accept the obligations of, Section 607.6505, Prorida Statutes. SIGNATURE Signature, hyped or printed name of registerica agent and title 4 applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D D DELETE 1.1 TITLE 1.2 NAME FROEHLICH, DAVID L SR. 3.254 B ROAD 1.2 NAME STREET ADDRESS CITY-ST-ZIP LOXAHATCHEE FL 33470 1.4 CITY-ST-ZIP TITLE D D DELETE 2.1 TITLE D Change Addition NAME FROEHLICH, LINDA B 2.2 NAME STREET ADDRESS CITY-ST-ZIP LOXAHATCHEE FL 33470 2.2 NAME 3.254 B ROAD 2.3 STREET ADDRESS CITY-ST-ZIP LOXAHATCHEE FL 33470 2.4 CITY-ST-ZIP TITLE D Change Addition NAME 3.25 STREET ADDRESS CITY-ST-ZIP TITLE D Change Addition Addition AMME 3.25 STREET ADDRESS CITY-ST-ZIP TITLE D Change Addition Addition AMME 3.25 STREET ADDRESS CITY-ST-ZIP TITLE D Change Addition Addition Addition Addition Addition Addition Addition	9. Name and Address of Current Registered Agent				01	Nome	10. Name and Address of New Registered Agent
LOXAHATCHEE FL 33470 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 agent, and familiar with, and accept the obligations of, Section 607.0502, Florida Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D DELETE 1.1 TITLE D Change Addition MME FROEHLICH, DAVID L SR. STREET ADDRESS CITY-ST-ZIP TITLE D DELETE 2.1 TITLE D Change Addition MAME FROEHLICH, LINDA B STREET ADDRESS CITY-ST-ZIP TITLE D Change Addition Addition MAME FROEHLICH, LINDA B STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition Addition Change Addition Addition MAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition Change Addition Addition Change Addition Addition AMME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition Change Addition Addition Addition AMME STREET ADDRESS CITY-ST-ZIP TITLE Change Addition Addition AMME ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ADDITIONS				<u> </u>	Name		
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12.	SIGNATURE						
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14. Thereby 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.

5.1 TITLE

5,2 NAME

6.1 TITLE 6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

DELETE

☐ DELETE

SIGNATURE:

TITLE

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

on an attachment with an address.

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☐ Change

Change

Addition

Addition

FILED

Jan 22 1998 8:00am

Secretary of State