

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

FILED

**Oct 15 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **097000067497**
1. Corporation Name: **Clements Citrus Sales of Florida, Inc.**

Principal Place of Business: _____ Mailing Address: _____

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 **3135 SW Mapp Rd**
Suite, Apt. #, etc.

22 _____

City & State: **Palm City FL**

23 **Palm City FL**

Zip: **34990** Country: **USA**

24 **34990** 25 **USA**

2a. Mailing Address

26 **3135 SW Mapp Rd.**
Suite, Apt. #, etc.

27 _____

City & State: **Palm City FL**

28 **Palm City FL**

Zip: **34990** Country: **USA**

29 **34990** 30 **USA**

3. Date Incorporated or Qualified: **08-05-97**

4. FEI Number: **65-0773985** 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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

81 Name: **James J. Butler**

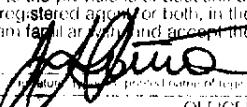
82 Street Address (P.O. Box Number is Not Acceptable): **821 E. Ocean Blvd.**

83 **Suite B**

84 City: **Stuart** State: **FL** 85 Zip Code: **34994**

10. Name and Address of New Registered Agent

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:  **JAMES J. BUTLER** DATE: **9/30/98**

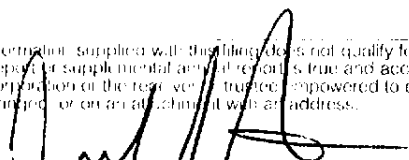
12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	P.S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Henry T. Clements, Jr.
1.3 STREET ADDRESS	3135 SW Mapp Rd.
1.4 CITY - ST - ZIP	Palm City FL 34990
2.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Joseph R. Rizzuti
2.3 STREET ADDRESS	3135 SW Mapp Rd.
2.4 CITY - ST - ZIP	Palm City FL 34990
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	600002665046
6.3 STREET ADDRESS	-10/16/98--01009--011
6.4 CITY - ST - ZIP	***150.00

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 reports, 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 registered 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:  DATE: **9/30/98** **561-287-5958**

CR2E034 (10/97)