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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000072292 (0) DOCUMENT #

KING SUN CITRUS, INC.

## **FILED** Feb 23 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						***************************************	18 11313 11616 16	116 1191 1091
P.O. BOX 450188 P.O. BOX 450188								
KISSIMMEE FL 34745 KISSIMMEE FL 34745					DO NOT WE	ITE IN THIC	CDACE	
					DO NOT WR  3. Date Incorporated or Qualifie		SPACE	
					08/20/1997	U		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		- 1 - 1 -	
21	26				59-34767	180	<del></del>	pplied For
	pt. #, etc.		Suite, Apt. #, etc.		9-7-3776	00		ot Applicable Additional
22	27		, 0.0.		<ol><li>Certificate of Status Desired</li></ol>			equired
	ty & State City & State				6. Election Campaign Financing			<del></del>
23		28	,		Trust Fund Contribution			May Be to Fees
Zip	Country Zip Co			 /	8. This corporation owes or has			
24	25	25 29 30			Personal Property Tax due June 30. Yes No			
	9. Name and Address of Curr				10. Name and Address of New			
	VEY, CLARENCE L		81	Name		<del></del>		
2220 BOGGY CREEK ROAD				5) (1)	(50 B N			
KISSIMMEE FL				Street Addr	ress (P.O. Box Number is Not Accep	(able)		
			83					
			84	City		FL	85 Zip	Code
11 Pureus	ant to the provisions of Sections 607.0	502 and 607 1508 Florida Stat	utoc the abou	o pormod corr	poration automite this statement for th		t abanaina it	to sociatored
office	or registered agent, or both, in the Sta I am familiar with, and accept the obt	te of Florida. Such change was	s authorized by	/ the corporat	tion's board of directors. I hereby ac	ept the app	ointment as	registered
agent.	I am familiar with, and accept the obl	igations of, Section 607.0505, I	Florida Statute	S.	•			Ť
SIGNATUR								
12.	Signature, typod or printed name of registered a	AND DIRECTORS	13.	ont signature requir	red when rainstating)	DATE	OIDEOTOE	20.11.40
TIFLE	D	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OF	-ICERS AND	Change	Addition
NAME	MEY, CLARENCE I	_	12 044	İ			CH CHAINGE	L Addition
STREET ADDRESS P.O. BOX 450188 2450 OID DIXIE HW			1.2 NAME					ĺ
	VICENTIAL VICE		1.3 STREET					[:
CITY-ST-ZIP TITLE	D DELETE			IT-ZIP			Change	- Addition
	MEN COTHED I	U Dettert	2.1 TITLE				☐ Change	Addition
NAME	DAD DAY JENSON OLYSTO OLD DIXLE		4 wy 2.2 NAME					
STREET ADDRES	22 1 14. 2011 100.000		2.3 STREET					
CITY-ST-ZIP	D	BUTUY DELETE	2. 4 CITY -	ST-ZIP			T 100	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TITLE	AWEN CHEDYL BIEV	<del></del>	3.1 TITLE				L Change	☐ Addition
NAME	DO DOY-IRAIN SEES	Alligator 4 Rd	3.2 NAME					•
STREET ADDRES	KISSIMMEE FL 34745 S	Claud Eczins	3.3 STREET					
CITY-ST-ZIP	D D			ST-ZIP				1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
TITLE	LUERS, CYNTHIA IVEY	DELETE	4.1 TITLE				L. Change	☐ Addition
NAME	DO DOV 450400 12 mil	Brack St.	4. 2 NAME					
STREET ADDRES	VICONINCE CLASSES (/)	ال مساور	4.3 STREET	ADDRESS				-
CITY-\$T-ZIP	KISSIMMEE FL 34745 KIS			T-ZIP				
TITLE	D NEW MAY 1	DELETE	5.1 TITLE				L Change	Addition
NAME	IVEY, JAY L	macu Isld Pd	5.2 NAME					
STREET ADDRES	RES RO. BOX 450108 2158 macy Isld ed		5.3 STREET	ADDRESS				
CITY-ST-ZIP	KISSIMMEE FL-94745 34	1744	5.4 CITY - S	T- ZIP				
TITLE		☐ DELETE	6.1 TITLE				☐ Change	Addition
NAME			6.2 NAME					
STREET ADDRES	s		6.3 STREET	ADDRESS				
CITY-ST-ZIP			6.4 CITY - S	T-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.

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