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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000101100

THE KING OF CITRUS, INC.

Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90006 034 ***150.00



Principal P ace of Business Mailing Address										
1100 E. WEATHERBEE RD. FT. PIERCE FL 34982		1100 E. WEATHERBEE RD. FT. PIERCE FL 34982								
FI. PILHOC TE 04002		. T. France FE Ottom				DO NOT WRITE IN THIS SPACE				
							icorporated or Qualife	d		
							6/1997			
<u> </u>	ace of Business	2a. Mailing Address				4. FEI No				t Applicable
21		Suite, Apt. #, etc.				797635		\$8.75 A		
Suite, Apt. #, etc.		27			5. Certifc	ate of Status Desired		Fee Re		
City & State		City & State			6. Flection	n Campaign Financin	<u> </u>	\$5.00	May Be	
23		28			I	und Contribution	• D	Added t		
Zip Cour try		Zip Country		8. This co	orporation owes the cu	rrent year	ntangible	_/		
24	25	29 30					al Property Tax.		☐ Yes	No
	9. Name and Address of Current	Registered Agent		44		10. Name	and Address of New	v Register	d Agent	
\// \/	IONITES IOSE A			81	Name					
	IONTES, JOSE A) E. WEATHERBEE RD.				Street Ad	dress (P.O. Box	ss (P.O. Bo> Number is Not Acceptable)			
	PIERCE FL 34982			83						
, , , ,	ILHOL I L 04302			63						
			ļ	84	City			F	85 Zip (Code
11 Durananti	to the provisions of Sections 607.0502	and 607 1508 Florida State	tes the al	nove-	named co	rporation submi	s this statement for the	ne nurnose	of changing its	registered
Ó Office ∈ re	egistered agent, or both, in the State of	of Florida. Such change was .	authorized	by ti	he corpor	ition's board of	clirectors. I hereby acc	ept the apr	ointment as re	gistered
agent. Lar	m familiar with, and accept the obligat	ions of, Section 607.0505, FF	orida Statt	nes.						
SIGNATURE	Signature, typed or printed ha ne of registered agen	t and title if applicable. (NOT	. Registered	Agent	signature req	i ired when reinstating)		DATE		
12.		D DIRECTORS	13.			ADDITI	ONS/CHANGES TO C	DFFICERS	AND DIRECTO	
TITLE	D	☐ DELETE	1.1 TIT	LE					Change	Addition
NAME	VIAMONTES, JOSE A		1.2 NA	ME	ļ					į
STREET ADDRESS	1100 E. WEATHERBEE RD.		13 ST	REET	ADDRESS					
CITY-ST-ZIP	FT. PIERCE FL 34982			IY-ST-	ZIP				Change	Addition
TITLE	D	☐ DELETE	2.1 TIT						Change	Addition
NAME	VIAMONTES, JORGE A		2.2 NA		_]					
STREET ADDRESS	100 E. WEYWIE 100E 110.				ADDRESS					
CITY-ST-ZIP	FI. PIERCE FL 34982	T. PIERCE FL 34982 2.40 ☐ DELETE 3.17		TY-\$7	- ZIP				Change	Addition
TITLE		- Beterie	3.7 M						D ,	
NAME STREET ADDRESS					ADDRESS					
CITY-ST-ZIP				TY-ST						
TITLE		☐ DELETE	4.1 TIT						☐ Change	Addition
NAME			4. 2 N	AME						ļ
STREET ADDRESS			4,3 ST	REET	ADDRESS					İ
CITY-ST-ZIP			4.4 CI	TY-ST-	ZIP					
TITLE		☐ DELETE	5.1 TI						Change	☐ Addition
NAME			5.2 NA							
STREET ADORE IS			- 1		ADDRESS					ļ
CITY-ST-ZIP				TY-ST-	ZIP				☐ Change	Addition
TITLE		☐ DELETE	6 1 TI						∟ слапде	☐ ¥00iii0⊓
NAME			62 NA		ADDRESS					ļ
STREET ADDRESS			I '							
CITY-ST-ZIP			6.4 CI	TY-ST-	-211					

14. I hereb / 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 attach ment with an address, with a lother like empowered.

SIGNATURE: