

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

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90069 026 ***150.00

DOCUMENT # P98000037282

1. Corporation Name
J J & D CITRUS COUNTY, INC.



Principal Place of Business
6027 S. SUNCOAST BLVD.
HOMOSASSA FL 34446

Mailing Address
6027 S. SUNCOAST BLVD.
HOMOSASSA FL 34446

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 1 Cypress Run

Suite, Apt. #, etc.
22 #15C

City & State
23 Homosassa FL

Zip
24 34446

Country
25 USA

2a. Mailing Address
26 1 Cypress Run

Suite, Apt. #, etc.
27 #15C

City & State
28 Homosassa FL

Zip
29 34446

Country
30 USA

3. Date Incorporated or Qualified
04/20/1998

4. FEI Number
59-3569041

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

NELSON, JOHN A ESQ.
6027 S. SUNCOAST BLVD.
HOMOSASSA FL 34446

10. Name and Address of New Registered Agent

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
DICKERSON, JACK
1 CYPRESS RUN #15C
HOMOSASSA FL 34446

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

President
Jack Dickerson
1 Cypress Run #15C
Homosassa FL 34446

☐ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Vice President
Charlotte Irene Ramsay
12 Decker Way
Sun Jose CA 95127

☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Treasurer
Harry Gracie
3140 Westhill Dr
Wausau WI 54401

☐ Change ☒ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Secretary
Marjorie Gracie
3140 Westhill Dr
Wausau WI 54401

☐ Change ☒ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

Jack Dickerson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-99

Date

352-382-2518
715-842-2468

Daytime Phone #

CR2E034 (11/98)

0488264