

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90239 046 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98000059655

1. Corporation Name
SUN HILL CITRUS, INC.



Principal Place of Business: P O BOX 99, EAGLE LAKE FL 33839
 Mailing Address: P O BOX 99, EAGLE LAKE FL 33839

DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
42 Central Ave.		26		07/02/1998	
Suite, Apt. #, etc.		27		4. FEI Number	
City & State		28		59-3488237	
Zip		29		Applied For	
33839		U.S.A.		Not Applicable	
Country		30		5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property.	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CAMERON, TINA D 1538 MARKER ROAD POLK CITY FL				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

1. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

2. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
1.2 NAME		1.2 NAME			
1.3 STREET ADDRESS		1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP		1.4 CITY-ST-ZIP			
2.1 TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
2.2 NAME		2.2 NAME			
2.3 STREET ADDRESS		2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP		2.4 CITY-ST-ZIP			
3.1 TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
3.2 NAME		3.2 NAME			
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4.1 TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
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4.3 STREET ADDRESS		4.3 STREET ADDRESS			
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5.1 TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
5.2 NAME		5.2 NAME			
5.3 STREET ADDRESS		5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP			
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6.2 NAME		6.2 NAME			
6.3 STREET ADDRESS		6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP			

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.

SIGNATURE: Lina Cameron 7-07-99 941-712-5335
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)