

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
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90102 005 ***150.00

DOCUMENT # P98000060572

1. Corporation Name

C & H CITRUS, INC.

Principal Place of Business

9048 LAKE LOWERY ROAD
HAINES CITY FL 33844

Mailing Address

9048 LAKE LOWERY ROAD
HAINES CITY FL 33844

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/08/1998

4. FEI Number

59-3521394

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

CHESHIRE, J T JR
156 S JEFFERSON AVE
LAKE PLACID FL 33862

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 D ☐ DELETE

NAME CHESHIRE, J T JR
STREET ADDRESS P O BOX 909 N/A
CITY-ST-ZIP LAKE PLACID FL 33862

TITLE SD ☐ DELETE

NAME CHESHIRE, ALESIA T JR
STREET ADDRESS P O BOX 909 N/A
CITY-ST-ZIP LAKE PLACID FL 33862

TITLE TD ☐ DELETE

NAME HAAK, JACKIE
STREET ADDRESS 9048 LAKE LOWERY RD
CITY-ST-ZIP HAINES CITY FL 33844

TITLE VD ☐ DELETE

NAME HAAK, GEORGE D
STREET ADDRESS 9048 LAKE LOWERY RD
CITY-ST-ZIP HAINES CITY FL 33844

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-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, with all other like empowered.

SIGNATURE:

J. T. Cheshire Jr.
SIGNING OFFICER OR DIRECTOR

Date

3-1-99

Daytime Phone #

941-465-9602

CR2E034 (1/98)