2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P98000070498 May 11, 2000 8:00 am Secretary of State G.F. CITRUS, INC. F & H CITRUS, INC. 05-11-2000 90306 026 ***150.00 Principal Place of Business Mailing Address 1682 STATE ROAD 64 WEST 1682 STATE ROAD 64 WEST WAUCHULA FL 33873-9637 WAUCHULA FL 33873 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number NOT APPLICABLE Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KUNKEL, KLAUS Street-Address (P.O. Box Number is Not Acceptable) 1602 S.R. 64 WEST WAUCHULA FL 33873 Zip Code ed entity submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above nan SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change TITI F ☐ Delete FANTA, GUENTER NAME NAME DORFSTRASSE 60, D-97753 KARLSTADT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ROHRBACH, GERMANY OC ☐ Change Delete TITLE TITLE KLAUS KUNKEL HOFMANN, DIETER NAME NAME 1682 STATE ROAD 64 WEST RECHTENBACHERSTRASSE 40, D-97801 LOHR/MAIN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GERMANY OC CITY-ST-ZIP FLORIDA 33873 ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachmen

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NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

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☐ Delete

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