FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -2 PM 2:12

DOCUMENT # S03230 (7)

1. Corporation Name
J & S CITRUS, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
~~P. O. BOX 1665~~ ARCADIA FL 33821	P. O. BOX 1665 ARCADIA FL 33821

3. Date Incorporated or Qualified: 09/27/1990
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 4864 NW COKER ST
22: Suite, Apt. #, etc.
23: City & State: ARCADIA FL
24: Zip: 33821
25: Country: USA

2a. Mailing Address
26:
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

4. FEI Number: 59-3045005 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BROWN, FLETCHER
124 N. BREVARD AVE.
ARCADIA FL 33821

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~PP~~	1.1 TITLE	DST	☒ Change ☐ Addition
NAME	STRICKLAND, T. A.	1.2 NAME	T. A. Strickland	
STREET ADDRESS	~~4884 NW COKER ST.~~	1.3 STREET ADDRESS	4864 NW Coker St	
CITY-ST-ZIP	ARCADIA FL	1.4 CITY-ST-ZIP	ARCADIA, FL 33821	
TITLE	~~DST~~	2.1 TITLE	(Delete)	☒ Change ☐ Addition
NAME	~~STRICKLAND, CHERYL JEAN~~	2.2 NAME		
STREET ADDRESS	~~4884 NW COKER ST.~~	2.3 STREET ADDRESS		
CITY-ST-ZIP	~~ARCADIA FL~~	2.4 CITY-ST-ZIP		
TITLE		3.1 TITLE	D P	☐ Change ☒ Addition
NAME		3.2 NAME	Susan Y. Havey	
STREET ADDRESS		3.3 STREET ADDRESS	4827 S.E. Hiway 70	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	ARCADIA, FL 33821	
TITLE		4.1 TITLE	D.V.P.	☐ Change ☒ Addition
NAME		4.2 NAME	Donald W. Havey	
STREET ADDRESS		4.3 STREET ADDRESS	4827 S.E. Hiway 70	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	ARCADIA, FL 33821	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: T.A. Strickland T. A. Strickland 1/29/95 813-494-7660
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL (Date) (Daytime Phone #)

0447480 FP