

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2000 8:00 am
Secretary of State
 03-01-2000 90089 020 ***150.00

DOCUMENT # S03230

1. Entity Name

J & S CITRUS, INC.

Principal Place of Business

**4864 NW COKER ST
 ARCADIA FL 34266
 US**

Mailing Address

**P.O. BOX 1297
 ARCADIA FL 34265-1297
 US**

2. Principal Place of Business

131 N. Riverview

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Labelle Fla

City & State

City & State

Zip
33975

Country
US

Zip

Country

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
EUGENE E. WALDRON, JR.

Street Address (P.O. Box Number is Not Acceptable)
124 North BREVARD AVENUE

City
ARCADIA

FL

Zip Code
34266

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Eugene E. Waldron

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/31/00

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2000 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
DST ☒ Delete
 NAME
STRICKLAND, T. A.
 STREET ADDRESS
4864 NW COKER ST
 CITY-ST-ZIP
ARCADIA FL

TITLE
DP ☐ Delete
 NAME
HOVEY, SUSAN Y
 STREET ADDRESS
4827 SE HWY 70
 CITY-ST-ZIP
ARCADIA FL

TITLE
DVP ☐ Delete
 NAME
HOVEY, DONALD W
 STREET ADDRESS
4827 SE HWY 70
 CITY-ST-ZIP
ARCADIA FL

TITLE
D ☐ Delete
 NAME
STRICKLAND, RICHARD K
 STREET ADDRESS
131 NORTH RIVERVIEW (POB 1723)
 CITY-ST-ZIP
LABELLE FL 33975

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
MDST ☒ Change ☐ Addition
 NAME
STRICKLAND, RICHARD K.
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 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 attachment with an address, with all other like empowered.

SIGNATURE:

Richard K. Strickland

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-21-00 (863) 494-4539

CR2E034 (9/99)