FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **S03694** **(4)**

1. Corporation Name

SOUTHERN GARDENS CITRUS HOLDING CORPORATION

Principal Place of Business	Mailing Address
111 PONCE DE LEON AVE. CLEWISTON FL 33440	111 PONCE DE LEON AVE. CLEWISTON FL 33440

3. Date Incorporated or Qualified: **09/28/1990**
3a. Date of Last Report: **05/01/1995**

4. FEI Number: **65-0316457** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MCCALLUM, JOHN T.
111 PONCE DE LEON AVE.
CLEWISTON FL 33440

10. Name and Address of New Registered Agent

81 Name: COFFMAN, STEPHEN V.
82 Street Address (P.O. Box Number is Not Acceptable): 111 PONCE DE LEON AVE.
83
84 City: CLEWISTON **FL** 85 Zip Code: 33440

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's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	FAIRBANKS, J. NELSON		1.2 NAME		
STREET ADDRESS	111 PONCE DE LEON AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	CLEWISTON FL		1.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BUKER, ROBERT H., JR.		2.2 NAME		
STREET ADDRESS	111 PONCE DE LEON AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	CLEWISTON FL		2.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GRACE, JERRY W		3.2 NAME		
STREET ADDRESS	111 PONCE DE LEON AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	CLEWISTON FL		3.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WADE, JR M		4.2 NAME		
STREET ADDRESS	111 PONCE DE LEON AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	CLEWISTON FL		4.4 CITY-ST-ZIP		
TITLE	TAS	☒ DELETE	5.1 TITLE	TAS	☐ Change ☒ Addition
NAME	MCCALLUM, JOHN T		5.2 NAME	COFFMAN STEPHEN V.	
STREET ADDRESS	111 PONCE DE LEON AVE		5.3 STREET ADDRESS	111 PONCE DE LEON AVE.	
CITY-ST-ZIP	CLEWISTON FL		5.4 CITY-ST-ZIP	CLEWISTON, FL	
TITLE	CAST	☒ DELETE	6.1 TITLE	CAST	☐ Change ☒ Addition
NAME	COFFMAN, STEPHEN V		6.2 NAME	WINE, ELLEN H.	
STREET ADDRESS	111 PONCE DE LEON AVE		6.3 STREET ADDRESS	111 PONCE DE LEON AVE.	
CITY-ST-ZIP	CLEWISTON FL		6.4 CITY-ST-ZIP	CLEWISTON, FL	

CR2E034 (12/95)

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)(k), 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: _____ Stephen V. Coffman 4/29/96 941-983-8121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #