FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S03694

(4)

SOUTHERN GARDENS CITRUS HOLDING CORPORATION

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

2. Principal Place of Business

Mailing Address

2a. Mailing Address

111 PONCE DE LEON AVE. CLEWISTON FL 33440

FILED Jan 28 1998 8:00am Secretary of State



Applied For

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/28/1990

4. FEI Number

City & State City & State 6. Election Campaign Financing \$5.00 May Be	21			26					65-0316457		No	t Applicable i	
City & State City & State		_			Suite, Apt. #, etc.				5. Certificate of Status Desired	П			
28 Super Audress of Country 20	22				l I				3 , 03,		Fee Re	quired	
Zip Country Zip Country B. This expressal proposal area on has paid the current year Intensigned Personal Proposal Pr		City & State			⊢ , '								
Section Sect	23								Trust Fund Contribution	<u>.u.</u>	Added t	o Fees	
S. Name and Address of New Registered Agent COFFMAN, STEPHEN V 111 PONCE DE LEON AVE. CLEWISTON FL 33440 82 Street Address (P.O. Box Number is Not Acceptable) 83		ip	<u> </u>	⊢ `			ntry					_ ~	
COFFMAN, STEPHEN V 111 PONCE DE LEON AVE. CLEWISTON FL 33440 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 84 City FL 85 Zip Code 85 Zip Code 86 Zip Code 87 Zip Code 88 Zip Code 88 Zip Code 88 Zip Code 89 Zip Code 89 Zip Code 89 Zip Code 80 Zip Co	24					30						J No	
CLEWISTON FL 33440 22 Street Address (P.O. Box Number is Not Acceptable) 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 submits this statement for the purpose of changing its 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, and accept the originations of Section 607.0508, Plorida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and accept the originations of Section 607.0508, Plorida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and accept the originations of Section 607.0508, Plorida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and accept the originations of Sections 607.0508, Plorida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered office or registered agent, and accept the originations of Sections 1 to 1 t				Registered		10. Name and Address of New Reg	istered Aç	ent					
CLEWISTON FL 33440 Bat City FL St Zip Code							81	Name					
B85 B46 City FL B55 Zip Code		111 PONCE	DE LEON AVE.			İ	82	Street Addre	ess (P.O. Box Number is Not Acceptable	e)			
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SIGNATURE Signature, hyade or printed name of inagentered agent and title if applications 13.	11.	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											
SIGNATURE Signature, hyade or printed name of inagentered agent and title if applications 13.		agent. I am familiar	with, and accept the obligation	ons of, Sect	ion 607.0505, Fl	autriorized orida Stat	utes	ine corporati	on's board of directors. Thereby accept	trie appoi	ilment as	registerea	
12													
TITLE	3,0,	Signature, typ	ed or printed name of registered agent i	ind title if applica	able. (NOT	E. Registered	l Ager	nt signature require	d when reinstating)	DATE	-		
NAME	12,		OFFICERS AND I	DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICE	ER\$ AND [RECTOR	S IN 12	
STREET ADDRESS 111 PONCE DE LEON AVE. 1.3 STREET ADDRESS CITY-ST-ZIP CLEWISTON FL 1.4 CITY-ST-ZIP	TITLE	'-			DELETE	1.1 Tri	LE	1			_ Change	☐ Addition	
CLEWISTON FL	NAME		•			1.2 NA	ME						
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NAME BUKER, ROBERT H., JR. 2.2 NAME 2.3 STREET ADDRESS CITY-ST-ZIP CLEWISTON FL DELETE 3.1 TITLE Change Addition	CITY -	ST-ZIP CLEWI	STON FL			1.4 CI	TY-ST	F-ZIP					
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CITY-ST-ZIP CLEWISTON FL 6.4 CITY-ST-ZIP								ADDRESS					
		0.540											
				this filing de	oes not qualify fo				Section 119,07(3)(i), Florida Statutes, 1 fr	urther certi	v that the	information	

14. I hereby certify that the Information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 REQUIRED

1/15/98

(941) 983-8121

SIGNATURE: