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

PROFIT CORPORATION ANNUAL REPORT 1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S07601

(5)

GRUBB	S CITRUS, INC.	•		
Principal Place	e of Business	Mailing Address		T LEGITORE ALL GRAIN LERKE BAND ROLDS THE BAND BIRTH BAND BAND BAND BAND BAND BAND BAND BAND
GRUBBS CITRUS. INC. 590 3RD STREET. NORTH EAGLE LAKE FL 33839 US		P.O. BOX 837 EAGLE LAKE FL 33839-0837 US		DO NOT WRITE IN THIS SPACE
US				3. Date Incorporated or Qualified
a Principal P	lace of Business	2a. Mailing Address		10/18/1990 4. FEI Number Applied For
-	iace of Bosiness	26		The state of the s
Suite, Apt.	# etc	Suite, Apt. #, etc.		\$8.75 Additional
22	.,	27		5. Certificate of Status Desired Fee Required
City & State	θ	City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25 Name and Address of Curren	29	30	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
OD		it neglistered Agent	81 Name	
	UBBS, RICKY L. 13 OLD NINE FOOT RD.		82 Street	Address (P.O. Box Number is Not Acceptable)
	ITER HAVEN FL 33880			Address (F.O. Box Number is Not Addeptable)
			83	
			84 City	FL 85 Zip Code
11. Pursuant to the provisions of Soctions 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 arm familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE				
SIGNATURE	Signature, typed or printed name of registered age	int and title if applicable {NOT	E Registered Agent signature	e required when reinstating) DATE
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GRUBBS, RICKEY L.		1.2 NAME	WILLIAM B- GRUBS, OR
STREET ADDRESS	4003 OLD NINE FOOT RD.		1.3 STREET ADDRESS	210 SANTA ROSA DR
CITY-ST-ZIP	WINTER HAVEN FL	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	WINTER MAURN, FL. 33884
TITLE NAME	D COURDS CRANCES T	C Detert	2.1 TITLE 2.2 NAME	
STREET ADDRESS	GRUBBS, FRANCES T. 210 SANTA ROSA DR.		2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL		2.4 CITY+ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	LINDA G. GRUBBS		3.2 NAME	
STREET ADDRESS	4003 OLD NINE FOOT RD		3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL		3.4. CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	Change Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
City-St-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP		1-1 42.45-	5.4 CITY - ST - ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADORESS	

14. 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 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 recover or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or or an anadoment with an adjection.

SIGNATURE:

FILED

May 04 1998 8:00am

Secretary of State