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Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90164 021 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S07601

1. Corporation Name
GRUBBS CITRUS, INC.

Principal Place of Business

GRUBBS CITRUS, INC.
590 3RD STREET, NORTH
EAGLE LAKE FL 33839
US

Mailing Address

P.O. BOX 837
EAGLE LAKE FL 33839-0837
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/18/1990

4. FEI Number

65-0225171

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 owes the current year intangible
Personal Property Tax.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

GRUBBS, RICKY L.
4003 OLD NINE FOOT RD.
WINTER HAVEN FL 33880

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME GRUBBS, WILLIAM E JR
STREET ADDRESS 210 SANTA ROSA DR
CITY-STATE-ZIP WINTER HAVEN FL 33884

☐ DELETE

TITLE D
NAME GRUBBS, FRANCES T.
STREET ADDRESS 210 SANTA ROSA DR.
CITY-STATE-ZIP WINTER HAVEN FL

☐ DELETE

TITLE D
NAME LINDA G. GRUBBS
STREET ADDRESS 4003 OLD NINE FOOT RD
CITY-STATE-ZIP WINTER HAVEN FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

☐ Change

☐ Addition

☐ Change

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☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)