FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAR -3 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # U00045 (8)

1. Corporation Name

FLORIDA FRESH CITRUS SALES, INC.

Principal Place of Business	Mailing Address
7406 N US HWY 1 VERO BCH FL 32967 US	P.O. BOX 335 WABASSO FL 32970 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/13/1991
3a. Date of Last Report: 01/27/1994
4. FEI Number: 65-0311953 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
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 / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

SIEBERT, WILLARD W. JR.
1041 RIVER TRAIL
INDIAN RIVER SHORES FL 32963

10. Name and Address of New Registered Agent

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: Willard W. Siebert 2/20/95
(Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DVT	11 TITLE		☐ Change ☐ Addition
NAME	GRAVES, J. RICHARD JR	12 NAME		
STREET ADDRESS	8465 OLD DIXIE HWY	13 STREET ADDRESS		
CITY-ST-ZIP	WABASSO FL	14 CITY-ST-ZIP		
TITLE	PD	21 TITLE	DVT	☒ Change ☐ Addition
NAME	ROE, QUENTIN J.	22 NAME		
STREET ADDRESS	500 AVE R SW BOX 900	23 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL	24 CITY-ST-ZIP		
TITLE	DVT	31 TITLE	DP	☒ Change ☐ Addition
NAME	ESTES, W. CODY SR	32 NAME		
STREET ADDRESS	4425 N US HIGHWAY 1	33 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL 32960	34 CITY-ST-ZIP		
TITLE	DVAS	41 TITLE	DV	☐ Change ☒ Addition
NAME	RANSON, CHARLES T.	42 NAME	SIDNEY BANACK	
STREET ADDRESS	8465 OLD DIXIE HWY	43 STREET ADDRESS	4425 N. U.S. HIGHWAY ONE	
CITY-ST-ZIP	WABASSO FL	44 CITY-ST-ZIP	VERO BEACH, FL 32960	
TITLE	V	51 TITLE		☐ Change ☐ Addition
NAME	SIEBERT, WILLARD W. JR.	52 NAME		
STREET ADDRESS	1041 RIVER TRAIL	53 STREET ADDRESS		
CITY-ST-ZIP	INDIAN RIVER SHORES FL 32963	54 CITY-ST-ZIP		
TITLE	DVT	61 TITLE	DVAT	☒ Change ☐ Addition
NAME	ROE, MORGAN H.	62 NAME		
STREET ADDRESS	500 AVE R SW BOX 900	63 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL 33882	64 CITY-ST-ZIP		

I 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)(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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: Willard W. Siebert 2/20/95 (561) 770-0432
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Area Code & Daytime Phone #

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