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**PROFIT** CORPORATION ANNUAL REPORT



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

V17475

(7)

**DOCUMENT #** 

STORY CITRUS SERVICES, INC.

Dileminal Diago							
-IJU FAIRO	of Business HLD ST. ARK FL 33827	Mailing Address PO BOX 1063 BABSON PARK FL 3	3827				
US				3. Date Inco. 02/2	porated or Qualified 8/1992	3a. Date of Last 04/13	Лерод /1995
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Numb	3111471		Applied For Not Applicable
Suite Ant #	Sominole RA	Suite, Apt. #, etc.	AAAAAAA	5. Certificate	of Status Desired	1 1	75 Additional e Required
City & State		City & State		Trust Fund	ampaign Financing d Contribution	Ad Ad	.00 May Be ded to Fees
<sup>710</sup> 388	27 Country 25 POLK	7/p <b>29</b>	Country 30	Florida Sta	atutes 🔽 Ye	printangible tax under es No	rs 199.032,
110 F/	§. Name and Address of Currel Y, VICTOR B. JR. AIRCHILD ST. ON PARK FL 33827	nt Registered Agent	81 Name 82 Street		Address of New  TOR  TOLE	Pegistered Agent  Y  L  O  O  O  O  O  O  O  O  O  O  O  O	
11. Pursuant t	to the provisions of Sections 607.05.0 ed agent, or both, in the State of Flor	2 apo 60 <b>7</b> .150 <b>9</b> , Florida Statuti	es, the above-named co	185on forporation submits this	PARE s statement for the p	FL B5	Zip Code 38829 Is registered office
or register	od agent or both in the State of Flor	ida Cuali abbadaa waa authoriz		board of directors. It	nereby accept the ap	ppointment as registe	red agent. I am
familiar wit	th, and accept the obligations of Sec	tipu 69 .0505, Florida Statutes	ed by the corporation's				
familiar wit	th, and accept the obligiations of 500	it and the depoted like INC	ted by the corporation's S. L.	Victor:	story Luk	4-28-96 DAYE	<u> </u>
familiar wit	th, and accept the obligiations of 500	nt and tight applicable (NC	DTE: Rugistered Agent signature r	Victor:	story Luk	L-28-96 DATE DEFICERS AND DIRECT	OTORS IN 12
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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 trusted 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: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-96 941-698-7647