


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

FILED
May 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # V17475 (7)		
1. Corporation Name STORY CITRUS SERVICES, INC.		



Principal Place of Business 215 N LAKESHORE BLVD LAKE WALES FL 33853 US	Mailing Address PO BOX 1063 BABSON PARK FL 33827
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 141 FAIRCHILD ST. Suite, Apt. #, etc.		2a. Mailing Address 26 P.O. BOX 1063 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 02/28/1992	
22 City & State 23 BABSON PARK, FL		27 City & State		4. FEI Number 59-3111471	
24 33827 25 POLK		29 30		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
28		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
29		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent VICTOR B. STORY JR. 215 N LAKESHORE BLVD LAKE WALES FL 33853		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 141 FAIRCHILD ST. 84 City BABSON PARK FL 85 Zip Code 33827	
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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 *V. B. Story Jr.* P. Story Jr. VICTOR B. STORY JR. 4-23-98
Signature, 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	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STORY, VICTOR B. JR.	1.2 NAME	
STREET ADDRESS	215 N LAKESHORE BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STORY, ANN H.	2.2 NAME	
STREET ADDRESS	215 N LAKESHORE BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STORY, JEFF	3.2 NAME	
STREET ADDRESS	77 CARSON AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BABSON PARK FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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: *V. B. Story Jr.* P. Story Jr. VICTOR B. STORY JR. 4-23-98 911-678-7640

CR2E034 (10/97)