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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # V35670 (1)

1. Corporation Name
CITRUS UNLIMITED, INC.

Principal Place of Business
8815 ANGLE RD
FT PIERCE FL 34947

Mailing Address
8815 ANGLE RD
FT PIERCE FL 34947-1408

3. Date Incorporated or Qualified: **05/11/1992**
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business
21 23285 Orange Ave.
22 Suite, Apt. #, etc.
23 City & State: Ft. Pierce, FL
24 Zip: 34945 25 Country: USA

2a. Mailing Address
26 23285 Orange Ave.
27 Suite, Apt. #, etc.
28 City & State: Ft. Pierce, FL.
29 Zip: 34945 30 Country: USA

4. FEI Number: **65-0335931** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
HARRISON, KAREN B.
8815 ANGLE RD
FT PIERCE FL 34947

10. Name and Address of New Registered Agent
81 Name: Harrison, Karen B.
82 Street Address (P.O. Box Number is Not Acceptable): 23285 Orange Ave.
83
84 City: Ft. Pierce, FL 85 Zip Code: 34945

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: Karen B. Harrison — DATE: 3-10-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD HARRISON, KAREN B 8815 ANGLE RD FT. PIERCE FL	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition 23285 Orange Ave. Ft Pierce, Fl. 34945
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD HARRISON, PETER W 8815 ANGLE RD FT. PIERCE FL	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition 23285 Orange Ave. Ft Pierce, FL. 34945
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

14. I do 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: Peter Harrison Peter Harrison 3-10-97 561-465-9843

CR2E034 (9/96)