

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V41073** (0)

1. Corporation Name

FAMILY CITRUS, INC.



Principal Place of Business

**4127 SPARTA ROAD
SEBRING FL 33872**

Mailing Address

**4127 SPARTA ROAD
SEBRING FL 33872**

3. Date Incorporated or Qualified

06/02/1992

3a. Date of Last Report

02/17/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-3133275

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

**SPIRES, MARVIN EUGENE
4127 SPARTA ROAD
SEBRING FL 33872**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

Marvin E. Spires
Signature, typed or printed name of registered agent, and, if applicable, (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE

NAME **SPIRES, MARVIN E SR.**
STREET ADDRESS **4127 SPARTA ROAD**
CITY - ST - ZIP **SEBRING FL 33872**

TITLE **V** ☐ DELETE

NAME **ROBERTS, FRED M**
STREET ADDRESS **PO BOX 171 N/A**
CITY - ST - ZIP **LAKE PLACID FL 33852**

TITLE **AV** ☐ DELETE

NAME **BENSON, WILLIAM R**
STREET ADDRESS **PO BOX 141 N/A**
CITY - ST - ZIP **AVON PARK FL 33825**

TITLE **T** ☐ DELETE

NAME **SPIRES, MARVIN E JR.**
STREET ADDRESS **11123 FOXWOOD DR.**
CITY - ST - ZIP **SEBRING FL 33872**

TITLE **S** ☐ DELETE

NAME **OWEN, RONALD L**
STREET ADDRESS **106 E. MAIN ST.**
CITY - ST - ZIP **AVON PARK FL 33825**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. 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 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)