

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

FILED

Feb 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. McRatham
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 33872-5563

3. Date Incorporated or Qualified

06/02/1992

3a. Date of Last Report

03/11/1996

4. FEI Number

59-3133275

Applied For

Not Applicable

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

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

SPIRES, MARVIN EUGENE
4127 SPARTA ROAD
SEBRING FL 33872

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

[Signature]

Signature of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	SPIRES, MARVIN E SR.	
STREET ADDRESS	4127 SPARTA ROAD	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ROBERTS, FRED M	
STREET ADDRESS	PO BOX 171 N/A	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	AV	<input type="checkbox"/> DELETE
NAME	BENSON, WILLIAM R	
STREET ADDRESS	PO BOX 141 N/A	
CITY-ST-ZIP	AVON PARK FL 33825	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SPIRES, MARVIN E JR.	
STREET ADDRESS	11123 FOXWOOD DR.	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE	S	<input type="checkbox"/> DELETE
NAME	OWEN, RONALD L	
STREET ADDRESS	106 E. MAIN ST.	
CITY-ST-ZIP	AVON PARK FL 33825	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 unchanged, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-10-97 941-385-0714

CR2E034 (9/96)