

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90188 036 ***150.00

DOCUMENT # V41073

1. Corporation Name
FAMILY CITRUS, INC.

Principal Place of Business
4127 SPARTA ROAD
SEBRING FL 33872

Mailing Address
4127 SPARTA ROAD
SEBRING FL 33872

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/02/1992

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 owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SPIRES, MARVIN EUGENE
4127 SPARTA ROAD
SEBRING FL 33872

81 Name William Benson
82 Street Address (P.O. Box Number is Not Acceptable) 4127 Sparta Road
83
84 City Sebring FL 85 Zip Code 33872

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 William R. Benson

DATE 3-3-99

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

☒ DELETE

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

☐ DELETE

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

☐ DELETE

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

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE Vice-President
2.2 NAME Marya Roberts
2.3 STREET ADDRESS PO Box 171
2.4 CITY-ST-ZIP Lake Placid FL 33852

☒ Change ☐ Addition

3.1 TITLE President
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: William R. Benson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 3-3-99

Daytime Phone #

CR2E034 (11/98)