FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 MAY -1 AM 8:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V43225** **(4)**

1. Corporation Name

IDELLA'S CITRUS, INC.

Principal Place of Business	Mailing Address
4500 JUANITA AVENUE **FT PIERCE FL 34954**	**P.O. BOX 1264** **FT PIERCE FL 34954**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/12/1992**

3a. Date of Last Report: **04/19/1994**

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22

Suite, Apt. #, etc. — 27

City & State — 23

City & State — 28

Zip — 24 County — 25

Zip — 29 County — 30

4. FEI Number: **59-3134345** ☐ 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 § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FORBES, ALPHEUS
4500 JUANITA AVENUE
FT PIERCE FL 34954

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 Section 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 of New Registered Agent, if changed) (Name of Registered Agent or new Registered Agent, typed or printed) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (if any)	
51 TYPE	D	51 TYPE	☐ Change ☐ Addition
52 NAME	FORBES, IDELLA	52 NAME	
53 STREET ADDRESS	4500 JUANITA AVE.	53 STREET ADDRESS	
54 CITY ST ZIP	FT. PIERCE FL	54 CITY ST ZIP	
55 TYPE	D	55 TYPE	☐ Change ☐ Addition
56 NAME	FORBES, ALPHEUS	56 NAME	
57 STREET ADDRESS	4500 JUANITA AVE.	57 STREET ADDRESS	
58 CITY ST ZIP	FT. PIERCE FL	58 CITY ST ZIP	
59 TYPE		59 TYPE	☐ Change ☐ Addition
60 NAME		60 NAME	
61 STREET ADDRESS		61 STREET ADDRESS	
62 CITY ST ZIP		62 CITY ST ZIP	
63 TYPE		63 TYPE	☐ Change ☐ Addition
64 NAME		64 NAME	
65 STREET ADDRESS		65 STREET ADDRESS	
66 CITY ST ZIP		66 CITY ST ZIP	
67 TYPE		67 TYPE	☐ Change ☐ Addition
68 NAME		68 NAME	
69 STREET ADDRESS		69 STREET ADDRESS	
70 CITY ST ZIP		70 CITY ST ZIP	
71 TYPE		71 TYPE	☐ Change ☐ Addition
72 NAME		72 NAME	
73 STREET ADDRESS		73 STREET ADDRESS	
74 CITY ST ZIP		74 CITY ST ZIP	

14. I/We 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)(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 1 or Block 10 if changed, or on an attachment with an address.

SIGNATURE: Alpheus Forbes H/Pheus Forbes 5/24/95 (407) 464-1031

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Telephone Number)

0483995 FP