

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **V51729**

(4)

1. Corporation Name

**LINSEY CITRUS FARMS, INC.**

Principal Place of Business

**7300 - 4TH STREET  
VERO BEACH FL 32968**

Mailing Address

**7300 - 4TH STREET  
VERO BEACH FL 32968-9577**

FILED  
Apr 02 1997 8:00am  
Secretary of State



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

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City & State

City & State

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Zip

Country

Zip

Country

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9. Name and Address of Current Registered Agent

**LINSEY, JEAN P  
7300 - 4TH ST.  
VERO BEACH FL 32968**

81 Name

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

83

84 City

**FL**

85 Zip Code

3. Date Incorporated or Qualified

**07/20/1992**

3a. Date of Last Report

**04/29/1996**

4. FEI Number

**65-0355993**

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

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

(Type, print, or type and print name of registered agent and file, if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

☐ DELETE

1.1 TITLE

☐ Change ☐ Addition

NAME

**LINSEY, RALPH J.**

1.2 NAME

STREET ADDRESS

**7300 4TH ST**

1.3 STREET ADDRESS

CITY - ST - ZIP

**VERO BEACH FL**

1.4 CITY - ST - ZIP

TITLE

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2.1 TITLE

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NAME

**LINSEY, JEAN P**

STREET ADDRESS

**500 11TH AVENUE**

CITY - ST - ZIP

**VERO BEACH FL**

TITLE

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3.1 TITLE

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NAME

**HAYES, PATRICIA L.**

STREET ADDRESS

**1065 40TH ST.**

CITY - ST - ZIP

**VERO BEACH FL**

TITLE

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4.1 TITLE

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NAME

**LINSEY, ROBERT J.**

STREET ADDRESS

**6585 12TH ST.**

CITY - ST - ZIP

**VERO BEACH FL**

TITLE

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5.1 TITLE

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STREET ADDRESS

**VERO BEACH FL**

CITY - ST - ZIP

**VERO BEACH FL**

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STREET ADDRESS

**VERO BEACH FL**

CITY - ST - ZIP

**VERO BEACH FL**

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STREET ADDRESS

**VERO BEACH FL**

CITY - ST - ZIP

**VERO BEACH FL**

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12.1 TITLE

☐ Change ☐ Addition

STREET ADDRESS

**VERO BEACH FL**

CITY - ST - ZIP

**VERO BEACH FL**

TITLE

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13.1 TITLE

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NAME

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14.1 TITLE

☐ Change ☐ Addition

STREET ADDRESS

**VERO BEACH FL**

CITY - ST - ZIP

**VERO BEACH FL**

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0111451

CR2E034 (9/96)