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

PROFIT CORPORATION **ANNUAL REPORT**

1998



LLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V71360

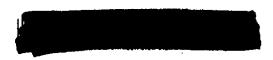
MIDWAY CITRUS TRUCKING, INC.

FARMS OF

Princip	al F	Place	of	Busine
8820	AS.	ST		

PICHEER

FILED May 27 1998 8:00am Secretary of State



VERO BEACH FL 3290	66	VERO BEACH	1 FL 32966		DO NOT WRITE IN THIS SPACE				е.
					3. Date Incorp	orated or Qualified			
					10/12/19	992			
2. Principal Place of Business		2a. Mailing Ad	2a. Mailing Address		4. FEI Numbe	4. FEI Number			
1		26			65-036	31918		Not Applicable	Ð
Suite, Apt. #, etc.		Suite, Apt	#, etc.		5. Certificate of	of Status Desired	□ \$	8.75 Additional Fee Required	-
City & State		City & Stat	6			mpaign Financing Contribution		5.00 May Be Added to Fees	-
Zip 4	Country 25	Ζιρ 29	Cour 30	ntry	· '	ation owes or has pa operty Tax due June			
Name and Address of Current Registered Agent			t	10. Name and Address of New Registered Agent					
 MCHUGH, 	JOHN JOSEPH, JR.		1	81	Name				
333 17 ST SUITE U VERO BEACH FL 32960			82	Street Address (P.O. Box Nun	et Address (P.O. Box Number is Not Acceptable)				
		Ī	B3						
				84	Dity		FL 85	Zip Code	-
office or registered		ate of Florida. Such ch	ange was authorized	l by t	amed corporation submits the corporation's board of dire				

	Signature, typed or printed name of region red a jimit and title if applicable	(NOTE: I	Registered Agent signature re	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	-	DELETE	1.1 TALE	☐ Change ☐ Addition
NAME	DAVIS, JACK L.		1.2 NAME	
STREET ADDRESS	8620 85 ST		1.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL		1.4 CITY - ST - ZIP	
TITLE		DELETE	21 TITLE	Change Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2. 4 CITY - S1 - ZIP	
TITLE		DELETE	3.1 TITLE	Change Additio
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREE1 ADDRESS	
CITY-SI-ZIP			3 4. CITY - ST - ZIP	
TITLE		DELETE	4 1 TITLE	. Change Additio
NAME			4 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	<i>1</i> ,
CITY-ST-ZIP			4.4 CHY-S1-ZIP	
TITLE		DELETE	5.1 TITLE	Change Additio
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	11/2/04
CITY-ST-ZIP			5.4 City-St-ZIP	
TITLE		DELETE	6.1 TITLE	Change Additio
NAME			6.2 NAME	800002538108 -05/28/9801012043
STREET ADDRESS			6.3 STREET ADDRESS	-0 5/28/9801012 04 3
CITY OF 710			6.4 CHTV. CT. 7/D	***150.00

14. Thereby 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 supplience that I am an officer or director of the composition 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 or or an attachment with an address.