2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G71437

Entity Name: HANCOCK CITRUS, INC.

Current Principal Place of Business:

2631 LAKEVIEW DR. SEBRING, FL 33870

Current Mailing Address:

PO BOX 1419 SEBRING, FL 33871 US

FEI Number: 59-2344732

Name and Address of Current Registered Agent:

HANCOCK, J N 2631 LAKERVIEW DR SEBRING, FL 33870 US Certificate of Status Desired: No

FILED Jan 24, 2018

Secretary of State

Date

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Officer/Director Detail :

| Title | DP | Title | DS |
|-----------------|------------------------|-----------------|-------------------|
| Name | HANCOCK, J. NED | Name | HANCOCK, TAMMY J. |
| Address | 2631 LAKEVIEW DR. | Address | 2631 LAKEVIEW DR. |
| City-State-Zip: | SEBRING FL 33870 | City-State-Zip: | SEBRING FL 33870 |
| Title | AS | Title | VP |
| Name | SIMON, MARTI S | Name | HANCOCK, ALISON F |
| Address | 2631 LAKEVIEW DR. | Address | PO BOX 1419 |
| City-State-Zip: | SEBRING FL 33870 | City-State-Zip: | SEBRING FL 33871 |
| Title | TREASURER | | |
| Name | HANCOCK, SAVANNAH JEAN | | |
| Address | PO BOX 1419 | | |
| City-State-Zip: | SEBRING FL 33871 | | |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: J. NED HANCOCK

PRESIDENT

01/24/2018

Electronic Signature of Signing Officer/Director Detail

Date