

**2020 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

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HANCOCK, J N  
2631 LAKERVIEW DR  
SEBRING, FL 33870 US

*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

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title DP  
Name HANCOCK, J. NED  
Address 2631 LAKEVIEW DR.  
City-State-Zip: SEBRING FL 33870

Title DS  
Name HANCOCK, TAMMY J.  
Address 2631 LAKEVIEW DR.  
City-State-Zip: SEBRING FL 33870

Title AS  
Name SIMON, MARTI S  
Address 2631 LAKEVIEW DR.  
City-State-Zip: SEBRING FL 33870

Title VP  
Name HANCOCK, ALISON F  
Address PO BOX 1419  
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:** NED HANCOCK

**PRESIDENT**

**01/16/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date