

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Simora B. Mathiam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **230939** (1)

1. Corporation Name

MABRY CARLTON & SONS CITRUS GROVES, INC.



Principal Place of Business

1304 W. MAIN ST
WAUCHULA FL 33873

Mailing Address

1304 W. MAIN ST
WAUCHULA FL 33873

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip

Country

24. Zip

Country

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip

Country

29. Zip

Country

9. Name and Address of Current Registered Agent

**CARLTON WINSTON C
1304 W. MAIN STREET
WAUCHULA FL 33873**

3. Date Incorporated or Qualified

12/09/1959

3a. Date of Last Report

06/15/1995

4. FEI Number

59-0889125

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

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5

Zip Code

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

(Print Name of Registered Agent or Director)

(Print Name of Registered Agent or Director)

DATE

12. OFFICERS AND DIRECTORS

12.1 NAME: PD CARLTON, WINSTON C
12.2 STREET ADDRESS: 1304 W. MAIN STREET
12.3 CITY-STATE-ZIP: WAUCHULA FL DT

12.1 NAME: CARLTON, ERMA
12.2 STREET ADDRESS: 1304 W. MAIN STREET
12.3 CITY-STATE-ZIP: WAUCHULA FL VPD

12.1 NAME: CARLTON, BEN S
12.2 STREET ADDRESS: ROUTE 1, BOX 314-A
12.3 CITY-STATE-ZIP: WAUCHULA FL DS

12.1 NAME: CARLTON, LOUISE
12.2 STREET ADDRESS: ROUTE 1, BOX 314-A
12.3 CITY-STATE-ZIP: WAUCHULA FL

12.1 NAME: [Delete]

12.1 NAME: [Delete]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE: [Change] [Addition]
13.2 NAME:
13.3 STREET ADDRESS:
13.4 CITY-STATE-ZIP:

13.1 TITLE: [Change] [Addition]
13.2 NAME:
13.3 STREET ADDRESS:
13.4 CITY-STATE-ZIP:

13.1 TITLE: [Change] [Addition]
13.2 NAME:
13.3 STREET ADDRESS: 444 VANDOLAH RD.
13.4 CITY-STATE-ZIP: WAUCHULA, FL 33878

13.1 TITLE: [Change] [Addition]
13.2 NAME:
13.3 STREET ADDRESS: 444 VANDOLAH RD.
13.4 CITY-STATE-ZIP: WAUCHULA, FL 33873

13.1 TITLE: [Change] [Addition]
13.2 NAME:
13.3 STREET ADDRESS:
13.4 CITY-STATE-ZIP:

13.1 TITLE: [Change] [Addition]
13.2 NAME:
13.3 STREET ADDRESS:
13.4 CITY-STATE-ZIP:

14. I do 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)(k), 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Winston C. Carlton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Winston C. Carlton

01-16-96

941-773-3648

(Day)

(Daytime Phone #)

CR2E034 (12/95)