

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

**FILED**  
**Feb 04 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 230939 (1)**  
 1. Corporation Name  
**MABRY CARLTON & SONS CITRUS GROVES, INC.**



Principal Place of Business <b>1304 W. MAIN ST WAUCHULA FL 33873</b>	Mailing Address <b>1304 W. MAIN ST WAUCHULA FL 33873</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified <b>12/09/1959</b>
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number <b>59-0889125</b>
23. Zip	24. Country	29. Zip	30. Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent

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

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83.	
84. City	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD CARLTON, WINSTON C	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLTON, WINSTON C	1.2 NAME	
STREET ADDRESS	1304 W. MAIN STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	WAUCHULA FL	1.4 CITY-ST-ZIP	
TITLE	DT CARLTON, ERMA	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLTON, ERMA	2.2 NAME	
STREET ADDRESS	1304 W. MAIN STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	WAUCHULA FL	2.4 CITY-ST-ZIP	
TITLE	VPD CARLTON, BEN S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLTON, BEN S	3.2 NAME	
STREET ADDRESS	444 VANDOLAH ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	WAUCHULA FL	3.4 CITY-ST-ZIP	
TITLE	DS CARLTON, LOUISE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLTON, LOUISE	4.2 NAME	
STREET ADDRESS	444 VANDOLAH ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	WAUCHULA FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby 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 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*

1-27-98 941-773-3648

CR2E034 (10/97)