

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90284 021 ***150.00



CHECK HERE IF MAKING CHANGES

DOCUMENT # 230939

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0889125**

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Zip Country Zip Country

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	CARLTON, WINSTON C	
STREET ADDRESS	1304 W. MAIN STREET	
CITY-ST-ZIP	WAUCHULA FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	CARLTON, ERMA	
STREET ADDRESS	1304 W. MAIN STREET	
CITY-ST-ZIP	WAUCHULA FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	CARLTON, BEN S	
STREET ADDRESS	770 ALTON CARLTON RD	
CITY-ST-ZIP	WAUCHULA FL 33873	
TITLE	DS	<input type="checkbox"/> Delete
NAME	CARLTON, LOUISE	
STREET ADDRESS	770 ALTON CARLTON RD	
CITY-ST-ZIP	WAUCHULA FL 33873	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Winston C. Carlton *Winston C. Carlton president* 2-14-03 863-773-3648

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)