

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

FILED
Feb 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F94580 (0)

1. Corporation Name
PARADISE CITRUS SALES, INC.

Principal Place of Business
**5700 WEST MIDWAY RD
 FT. PIERCE FL 34979
 US**

Mailing Address
**P.O. BOX 12969
 FT. PIERCE FL 34979-2969
 US**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/13/1982

4. FEI Number
59-2341054

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 owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 26 27 28 29 30

9. Name and Address of Current Registered Agent
**ROGERS, R. SCOTT
 5700 W. MIDWAY ROAD
 FT. PIERCE FL 34981**

10. Name and Address of New Registered Agent
**81 Name James L. Rogers
 82 Street Address (P.O. Box Number is Not Acceptable) 5700 W. Midway Rd.
 83
 84 City Ft. Pierce FL 85 Zip Code 34979**

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: **James L. Rogers** *James L. Rogers* **2/2/98**

(NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D - VP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGERS, JAMES L III	1.2 NAME	
STREET ADDRESS	200 COCONUT PALM ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL 32963	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGERS, R. SCOTT	2.2 NAME	
STREET ADDRESS	P.O. BOX 12969	2.3 STREET ADDRESS	200 COCONUT PALM RD.
CITY-ST-ZIP	FT. PIERCE FL	2.4 CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGERS, MARY M	3.2 NAME	
STREET ADDRESS	200 COCONUT PALM ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL 32963	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARAVALIA, ELIZABETH R	4.2 NAME	
STREET ADDRESS	P.O. BOX 12969	4.3 STREET ADDRESS	200 COCONUT PALM RD.
CITY-ST-ZIP	FT. PIERCE FL	4.4 CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPIONE, ANNA R	5.2 NAME	
STREET ADDRESS	P.O. BOX 12969	5.3 STREET ADDRESS	200 COCONUT PALM RD.
CITY-ST-ZIP	FT. PIERCE FL	5.4 CITY-ST-ZIP	VERO BEACH, FL 32963
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: *Elizabeth R. Garavalia* **1/26/98 615-591-5047**

CR2E034 (10/97)