

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

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90014 019 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # G35891**

1. Corporation Name  
**RIVER COUNTRY CITRUS, INC.**

Principal Place of Business 3565 SW CORPORATE PARKWAY PALM CITY FL 34990 US	Mailing Address 3565 SW CORPORATE PARKWAY PALM CITY FL 34990 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>04/26/1983</b>	4. FEI Number <b>59-2286385</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00, May Be Added to Fees	8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21 <b>1313 W. Midway Road</b>	26 <b>1313 W. Midway Road</b>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 <b>Ft. Pierce, FL</b>	28 <b>Ft. Pierce, FL</b>
24 <b>34982</b> 25 <b>USA</b>	29 <b>34982</b> 30 <b>USA</b>

9. Name and Address of Current Registered Agent <b>HAGEROTT, GAIL</b> <b>3565 SW CORPORATE PARKWAY</b> <b>PALM CITY FL 34990</b>	10. Name and Address of New Registered Agent
81 Name <b>Hagerott, Gail</b>	82 Street Address (P.O. Box Number is Not Acceptable) <b>1313 W. Midway Road</b>
83	84 City <b>Ft. Pierce</b>
	85 Zip Code <b>FL 34982</b>

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	DV <input type="checkbox"/> DELETE	1.1 TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, SHARON Y.	1.2 NAME	Murphy, Sharon Y.
STREET ADDRESS	3565 SW CORPORATE PARKWAY	1.3 STREET ADDRESS	1313 W. Midway Road
CITY-ST-ZIP	PALM CITY FL	1.4 CITY-ST-ZIP	Ft. Pierce, FL 34982
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, TRAVIS E JR	2.2 NAME	Murphy, Travis E., Jr.
STREET ADDRESS	3565 SW CORPORATE PARKWAY	2.3 STREET ADDRESS	1313 W. Midway Road
CITY-ST-ZIP	PALM CITY FL	2.4 CITY-ST-ZIP	Ft. Pierce, FL 34982
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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, with all other like empowered.

SIGNATURE: *Travis E. Murphy, Jr.* Travis E. Murphy, Jr. 02/04/99 (561) 467-8677

CR2E034 (1/198)