

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 08, 1999 8:00 am
Secretary of State

09-08-1999 90008 014 ***550.00

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P96000088952**
 Corporation Name
MARY ASHCRAFT'S INDIAN RIVER CITRUS FRUITS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 6 SEMINOLE, PALM OAK MI 48073
 Mailing Address: 4126 SEMINOLE, ROYAL OAK MI 48073, US

3. Date Incorporated or Qualified: **10/25/1996**
 4. FEI Number: **38-3335041**
 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 the current year Intangible Personal Property: Yes No

Principal Place of Business: 26
 Suite, Apt. #, etc.: 27
 City & State: 28
 Zip: 25, Country: 29, Zip: 30, Country: 30

9. Name and Address of Current Registered Agent
LEROY E SMITH'S SONS, INC.
4776 OLD DIXIE HIGHWAY
VERO BEACH FL 32961

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City: **FL**, 85 Zip Code

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.

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

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
P	ASHCRAFT, MARY L 407 GREENWOOD BIRMINGHAM MI 48009	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
S	ASHCRAFT, MARY L 407 GREENWOOD BIRMINGHAM MI 48009	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
T	HENNEGHAN, MARY F 4126 SEMINOLE ROYAL OAK MI 48073	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	ASHCRAFT, MARY L 407 GREENWOOD BIRMINGHAM MI 48009	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Mary L Ashcraft* 9/6/99 (241) 549-6450

CR2E034 (5/99)