

FILE NOW: FILING FEE AFTER MAY 1 IS \$275.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **018212** (1)
1. Corporation Name
FLORIDA CITRUS PROCESSORS ASSOCIATION

95 FEB -2 PM 2:03

Principal Place of Business Mailing Address
490 3RD ST N W 490 3RD ST N W
WINTER HAVEN FL 33881-0401 WINTER HAVEN FL 33881-0401

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		08/13/1937	01/25/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		59-0245873	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
BEASLEY, JR. CLIFFORD C. 921 PIEDMONT DRIVE SE WINTER HAVEN FL 33880				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				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

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

Signature, typed or printed names of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VM	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEASLEY, CLIFFORD C. JR.	1.2 NAME	
STREET ADDRESS	921 PIEDMONT DR SE	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	1.4 CITY-ST-ZIP	33880
TITLE	PD	2.1 TITLE	T/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNDON, PHILIP E.	2.2 NAME	W. J. FERRARI
STREET ADDRESS	5935 HWY. 60 EAST	2.3 STREET ADDRESS	1001 13TH AVENUE EAST
CITY-ST-ZIP	LAKE WELLS FL	2.4 CITY-ST-ZIP	BRADENTON, FL. 34208
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOONEY, GENE	3.2 NAME	
STREET ADDRESS	2020 HIGHWAY 17 SOUTH	3.3 STREET ADDRESS	
CITY-ST-ZIP	BARTOW FL	3.4 CITY-ST-ZIP	33830
TITLE	TD	4.1 TITLE	V/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWEN, DAVID	4.2 NAME	
STREET ADDRESS	1910 S. W. WARFIELD BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANTOWN FL	4.4 CITY-ST-ZIP	34956
TITLE	VD	5.1 TITLE	P/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMMERS, T. W.	5.2 NAME	
STREET ADDRESS	3200-U9-HIGHWAY-27-NORTH	5.3 STREET ADDRESS	15 KISSIMEE AVENUE
CITY-ST-ZIP	AVON PARK FL	5.4 CITY-ST-ZIP	OCFEE, FL 32761
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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:

Signature and typed or printed name of registered agent or director
CLIFFORD C. BEASLEY, JR.

1/3/95

813/293-4171