

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 018212 (1)

1. Corporation Name
FLORIDA CITRUS PROCESSORS ASSOCIATION



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

3. Date Incorporated or Qualified: 08/13/1937
3a. Date of Last Report: 02/02/1995
4. FEI Number: 59-0245873
Applied For: Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 State, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 State, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country; 30

9. Name and Address of Current Registered Agent

BEASLEY, JR. CLIFFORD C.
921 PIEDMONT DRIVE SE
WINTER HAVEN FL 33880

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: _____ (DATE) _____

12. OFFICERS AND DIRECTORS
 1. TITLE: VM
 2. NAME: BEASLEY, CLIFFORD C. JR.
 3. STREET ADDRESS: 921 PIEDMONT DR SE
 4. CITY, ST, ZIP: WINTER HAVEN FL
 5. TITLE: ~~SB~~
 6. NAME: FERRARI, W.J.
 7. STREET ADDRESS: 1001 13TH AVENUE EAST
 8. CITY, ST, ZIP: BRADENTON FL
 9. TITLE: ~~MD~~
 10. NAME: MOONEY, GENE
 11. STREET ADDRESS: 2020 HIGHWAY 17 SOUTH
 12. CITY, ST, ZIP: BARTOW FL
 13. TITLE: VD
 14. NAME: BOWEN, DAVID
 15. STREET ADDRESS: 1910 S. W. WARFIELD BLVD.
 16. CITY, ST, ZIP: INDIANTOWN FL
 17. TITLE: ~~PD~~
 18. NAME: ~~SIMMERS, T. W.~~
 19. STREET ADDRESS: 15 KISSIMEE AVENUE
 20. CITY, ST, ZIP: OCOEE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 1. TITLE: Change Addition
 2. NAME: V/D
 3. STREET ADDRESS: Change Addition
 4. CITY, ST, ZIP: P/D
 5. TITLE: Change Addition
 6. NAME: T/D
 7. STREET ADDRESS: R. WILLIAM BECKER
 8. CITY, ST, ZIP: 2195 NORTH KINGS HIGHWAY FORT PIERCE, FL. 34951
 9. TITLE: Change Addition
 10. NAME: Change Addition
 11. STREET ADDRESS: Change Addition
 12. CITY, ST, ZIP: Change Addition

14. I do hereby certify that the information supplied within this filing was voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 of this report, or in an attachment with an address.

SIGNATURE: *Clifford C. Beasley, Jr.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Clifford C. Beasley, Jr.

1/16/96 DATE
941/293-4171 DISTRICT PHONE #

CR2E034 (12/95)