

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 20 PM 1:23

DOCUMENT # 790618 (3)

1. Corporation Name

MIMS CITRUS GROWERS ASSOCIATION

DO NOT WRITE IN THIS SPACE

Principal Place of Business: 2455 FOLSOM ROAD, MIMS FL 32754
Mailing Address: 2455 FOLSOM ROAD, MIMS FL 32754

3. Date Incorporated or Qualified	3a. Date of Last Report
12/16/1949	01/13/1994
4. FEI Number	Applied For
59-0363315	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BROWN, DAVID L 2455 FOLSOM ROAD MIMS FL 32754	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83.
	84. City
	85. Zip Code
	FL

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	CD	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CROFTON, R.O.	1.2 NAME	
STREET ADDRESS	1410 RIVERSIDE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL	1.4 CITY-ST-ZIP	TITUSVILLE FL 32780
TITLE	VPD	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEAL, JOHN C	2.2 NAME	
STREET ADDRESS	303 DESOTO DR	2.3 STREET ADDRESS	414 DESOTO DR
CITY-ST-ZIP	NEW SMYRNA BEACH 00000	2.4 CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DREHER, JAN M.	3.2 NAME	
STREET ADDRESS	16849 DEER ISLAND RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAVARES FL	3.4 CITY-ST-ZIP	TAVARES FL 32778
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWN, DAVID L	4.2 NAME	
STREET ADDRESS	1021 ANTELOPE TR	4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPGS FL	4.4 CITY-ST-ZIP	WINTER SPGS FL 32708
TITLE	PD	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWN, CHARLES L	5.2 NAME	
STREET ADDRESS	2085 OVERLOOK DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	MT DORA FL	5.4 CITY-ST-ZIP	MT DORA FL 32757
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOBBS, LAURA K	6.2 NAME	
STREET ADDRESS	727 LENOX AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BCH, FL 00000	6.4 CITY-ST-ZIP	DAYTONA BCH FL 32118

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 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: JAN M. DREHER JAN M. DREHER, TREASURER 1/12/95 407-267-4661