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FILED  
Jan 17 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 790618 (3)  
1. Corporation Name  
MIMS CITRUS GROWERS ASSOCIATION



Principal Place of Business: 2455 FOLSOM ROAD MIMS FL 32754  
Mailing Address: 2455 FOLSOM ROAD MIMS FL 32754-3401

2. Principal Place of Business (21-23) and 2a. Mailing Address (26-30) fields.

3. Date incorporated or Qualified: 12/16/1949  
3a. Date of Last Report: 01/25/1996  
4. FEI Number: 59-0363315  
5. Certificate of Status Desired: [ ] \$8.75 Additional Fee Required  
6. Election Campaign Financing: [ ] \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [X] Yes [ ] No

9. Name and Address of Current Registered Agent  
BROWN, DAVID L  
2455 FOLSOM ROAD  
MIMS FL 32754

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	CROFTON, R.O.	
STREET ADDRESS	1410 RIVERSIDE DRIVE	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	PCD	<input type="checkbox"/> DELETE
NAME	DEAL, JOHN C	
STREET ADDRESS	414 DESOTO DR	
CITY-ST-ZIP	NEW SMYRNA BEACH 00000	
TITLE	T	<input type="checkbox"/> DELETE
NAME	DREHER, JAN M.	
STREET ADDRESS	16849 DEER ISLAND RD	
CITY-ST-ZIP	TAVARES FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BROWN, DAVID L	
STREET ADDRESS	1021 ANTELOPE TR	
CITY-ST-ZIP	WINTER SPGS FL	
TITLE	<del>PD</del>	<input checked="" type="checkbox"/> DELETE
NAME	<del>BROWN, CHARLES L.</del>	
STREET ADDRESS	<del>2085 OVERLOOK DR</del>	
CITY-ST-ZIP	<del>MT DORA FL</del>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DOBBINS, LAURA K	
STREET ADDRESS	727 LENOX AVE	
CITY-ST-ZIP	DAYTONA BCH, FL 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: 1/7/97 (407) 267-4661 Daytime Phone # 0014238

CR2E037 (9/96)