

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **790817** (1)

1. Corporation Name

FLORIDA CITRUS PACKERS



Principal Place of Business

Mailing Address

**302 S. MASSACHUSETTS AVENUE
P.O. BOX 1113
LAKELAND FL 33802**

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P.O. BOX 1113
LAKELAND FL 33802**

3. Date Incorporated or Qualified
04/04/1960

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-0907251

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

23

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24

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KINNEY, RICHARD
302 S MASS AVE
LAKELAND FL 33802**

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE
NAME **RANSON, CHARLES T**
STREET ADDRESS **3500 MARSHA LANE**
CITY-ST-ZIP **VERO BEACH FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **V** ☐ DELETE
NAME **KINNEY, RICHARD**
STREET ADDRESS **40455 OTIS ALLEN RD**
CITY-ST-ZIP **ZEPHYRHILLS FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **VD** ☐ DELETE
NAME **ROE, QUENTIN J**
STREET ADDRESS **2930 CRYSTAL BEACH ROAD**
CITY-ST-ZIP **WINTER HAVEN FL**

3.1 TITLE **PD** ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **VD** ☐ DELETE
NAME **GENKE, PAUL M**
STREET ADDRESS **2096 MAGNOLIA LANE**
CITY-ST-ZIP **VERO BEACH FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **STD** ☐ DELETE
NAME **RUIS, RICHARD**
STREET ADDRESS **902 AVENUE L SE**
CITY-ST-ZIP **WINTER HAVEN FL 33880**

5.1 TITLE **VD** ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE **STD** ☐ Change ☒ Addition
6.2 NAME **JOHN A SCOTTO**
6.3 STREET ADDRESS **1034 BEACH CT**
6.4 CITY-ST-ZIP **FT PIERCE FL 34950**

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 617, 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 SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

April 15, 1996

941-682-0151

CR2E037 (12/95)