

FILE NOW: FILING FEE IS \$61.25

FILED

May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 790817 (1)
1. Corporation Name
FLORIDA CITRUS PACKERS



Principal Place of Business 302 S. MASSACHUSETTS AVENUE P.O. BOX 1113 LAKELAND FL 33802	Mailing Address 302 S. MASSACHUSETTS AVENUE P.O. BOX 1113 LAKELAND FL 33802-1113
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3. Date Incorporated or Qualified 04/04/1960	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 59-0907251	Applied For Not Applicable
6. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
KINNEY, RICHARD
302 S MASS AVE
LAKELAND FL 33802

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
FL

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	STB <input type="checkbox"/> DELETE
NAME	SCOTTO, JOHN A
STREET ADDRESS	1034 BEACH CT
CITY-ST-ZIP	FT. PIERCE FL
TITLE	V <input type="checkbox"/> DELETE
NAME	KINNEY, RICHARD
STREET ADDRESS	40455 OTIS ALLEN RD
CITY-ST-ZIP	ZEPHYRHILLS FL
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	ROE, QUENTIN J
STREET ADDRESS	2990 CRYSTAL BEACH ROAD
CITY-ST-ZIP	WINTER HAVEN FL
TITLE	=VD <input type="checkbox"/> DELETE
NAME	GENKE, PAUL M
STREET ADDRESS	2096 MAGNOLIA LANE
CITY-ST-ZIP	VERO BEACH FL
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	RUIS, RICHARD
STREET ADDRESS	902 AVENUE L SE
CITY-ST-ZIP	WINTER HAVEN FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	GALONE, NEIL
2.3 STREET ADDRESS	1012 CASTAWAY BLVD
2.4 CITY-ST-ZIP	VERO BEACH FL 32963
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	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	STD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	HUNT, FRANK M, III
5.3 STREET ADDRESS	803 N LAKESHORE BLVD
5.4 CITY-ST-ZIP	LAKE WALES FL 33853
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: RICHARD J KINNEY (REQUIRED)
Date: 4/30/96 Daytime Phone: 941-682-0151
0052533

CR2E037 (9/96)