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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 790817					
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		



77032 . 90079 . 6

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		3. Date Incorporated or Qualified 04/04/1960	
4. FEI Number 59-0907251		Applied For Not Applicable		5. 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					
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	SCOTTO, JOHN A	1.2 NAME	
STREET ADDRESS	1034 BEACH CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	
NAME	KINNEY, RICHARD	2.2 NAME	
STREET ADDRESS	40455 OTIS ALLEN RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	SEFFERTHILLS FL	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	
NAME	SEXTON, ROBERT G	3.2 NAME	
STREET ADDRESS	1815 28TH AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BCH FL 32960	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	
NAME	HUNT, FRANK M III	4.2 NAME	
STREET ADDRESS	803 N LAKESHORE BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E037 (11/98)

14. I 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, with all other like empowered.

SIGNATURE:  **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Division/Office #