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DIVISION OF CORPORATIONS

95 MAR - 8 PH 3: 01

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
 Saraeva B. Northam
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P13407 (2)
 1. Corporation Name
CHIQUITA CITRUS PACKERS, INC.

Principal Place of Business Mailing Address
C/O TAX DEPARTMENT **C/O TAX DEPARTMENT**
250 E FIFTH ST. 27TH FLOOR **250 E FIFTH ST. 27TH FLOOR**
CINCINNATI OH 45202 **CINCINNATI OH 45202**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
02/27/1987 **05/01/1994**

4. FEI Number Applied For
04-2476807 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

2. Principal Place of Business 2a. Mailing Address

21 26

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

23 City & State 28 City & State

24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 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 Deputize (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATTAGLIA, ANTHONY D.	1.2 NAME	
STREET ADDRESS	250 EAST FIFTH ST	1.3 STREET ADDRESS	
CITY - ST - ZIP	CINCINNATI OH	1.4 CITY - ST - ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARSHAW, STEVEN G	2.2 NAME	
STREET ADDRESS	250 EAST FIFTH ST.	2.3 STREET ADDRESS	
CITY - ST - ZIP	CINCINNATI OH	2.4 CITY - ST - ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TSACALIS, WILLIAM A.	3.2 NAME	
STREET ADDRESS	250 EAST FIFTH ST.	3.3 STREET ADDRESS	
CITY - ST - ZIP	CINCINNATI OH	3.4 CITY - ST - ZIP	
TITLE	VSD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORGAN, CHARLES R.	4.2 NAME	
STREET ADDRESS	250 EAST FIFTH ST.	4.3 STREET ADDRESS	
CITY - ST - ZIP	CINCINNATI OH	4.4 CITY - ST - ZIP	
TITLE	VT	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KONDRITZER, GERALD R	5.2 NAME	
STREET ADDRESS	250 EAST FIFTH ST.	5.3 STREET ADDRESS	
CITY - ST - ZIP	CINCINNATI OH	5.4 CITY - ST - ZIP	
TITLE	V	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROWE, ROBERT E.	6.2 NAME	Warran J. Ligan
STREET ADDRESS	250 EAST FIFTH STREET	6.3 STREET ADDRESS	250 East Fifth Street
CITY - ST - ZIP	CINCINNATI OH	6.4 CITY - ST - ZIP	Cincinnati, OH 45202

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

SIGNATURE: **Warran J. Ligan** *Warran J. Ligan* 2/27/95 (513) 784-8727

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number