

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**FILED**  
**SECRETARY OF STATE**  
**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       \$5.00 May Be Added to Fees  
 Trust Fund Contribution

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

TITLE	PD
NAME	BATTAGLIA, ANTHONY D.
STREET ADDRESS	250 EAST FIFTH ST
CITY - ST - ZIP	CINCINNATI OH
TITLE	V
NAME	WARSHAW, STEVEN G
STREET ADDRESS	250 EAST FIFTH ST.
CITY - ST - ZIP	CINCINNATI OH
TITLE	VD
NAME	TSACALIS, WILLIAM A.
STREET ADDRESS	250 EAST FIFTH ST.
CITY - ST - ZIP	CINCINNATI OH
TITLE	VSD
NAME	MORGAN, CHARLES R.
STREET ADDRESS	250 EAST FIFTH ST.
CITY - ST - ZIP	CINCINNATI OH
TITLE	VT
NAME	KONDRITZER, GERALD R
STREET ADDRESS	250 EAST FIFTH ST.
CITY - ST - ZIP	CINCINNATI OH
TITLE	V
NAME	CROWE, ROBERT E.
STREET ADDRESS	250 EAST FIFTH STREET
CITY - ST - ZIP	CINCINNATI OH

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Warren J. Ligan
6.3 STREET ADDRESS	250 East Fifth Street
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 19.07(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: **Warren J. Ligan**      *Warren J. Ligan*      2/27/95      (513) 784-8727

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