

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P35979

(4)

1. Corporation Name

C&G CITRUS COMPANY



Principal Place of Business

COUNTY ROAD 555
P. O. BOX 208
BARTOW FL 33830
US

Mailing Address

701 HARGER RD.
SUITE 190
OAK BROOK IL 60521
US

3. Date Incorporated or Qualified

10/17/1991

3a. Date of Last Report

06/12/1995

2. Principal Place of Business

2a. Mailing Address

21 1857 Keller Road

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23 Ft. Meade, FL

28

Zip

Country

Zip

Country

24 33841

25 US

29

30

4. FEI Number

36-3779440

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and then applicable

(If None, Registered Agent Signature Required when not stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	DAVIS, JOSEPH E.	
STREET ADDRESS	COUNTY ROAD 555	
CITY-ST-ZIP	BARTOW FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CORCORAN, J. S.	
STREET ADDRESS	701 HARGER ROAD, #190	
CITY-ST-ZIP	OAK BROOK IL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	MONSON, THOMAS A.	
STREET ADDRESS	701 HARGER ROAD, #190	
CITY-ST-ZIP	OAK BROOK IL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	KRANTZ, ARTHUR H.	
STREET ADDRESS	701 HARGER ROAD, #190	
CITY-ST-ZIP	OAK BROOK IL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GUSTAFSON, F. EDWARD	
STREET ADDRESS	701 HARGER ROAD, #190	
CITY-ST-ZIP	OAK BROOK IL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	John Connally Barnett, Jr.	
1.3 STREET ADDRESS	1857 Keller Road	
1.4 CITY-ST-ZIP	Ft. Meade, FL 33841-9351	
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 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 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 address

SIGNATURE:

Thomas A. Monson

Thomas A. Monson, VP

2/19/96

(708) 575-2337

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

CR2E034 (12/95)