

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90149 015 ****61.25

DOCUMENT # N11791

1. Corporation Name

GULF CITRUS GROWERS ASSOCIATION, INC.

Principal Place of Business

255 S MAIN ST
P.O. BOX 1319
LABELLE FL 33975
US

Mailing Address

255 S MAIN ST
P.O. BOX 1319
LABELLE FL 33975
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

3. Date Incorporated or Qualified

10/29/1985

4. FEI Number

59-2599005

Applied For

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

9. Name and Address of Current Registered Agent

HAMEL, RON
255 S MAIN ST
250 LEE STREET
LABELLE FL 33935

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 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 *Ron Hamel Executive Vice President*

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

(NOTE: Registered Agent signature required when reinstating)

4/21/99

DATE

12. OFFICERS AND DIRECTORS

TITLE T/D
NAME CARLTON, GREG
STREET ADDRESS HC 61 BOX 16
CITY-ST-ZIP CLEWISTON FL

TITLE MD
NAME HAMEL, RON
STREET ADDRESS 255 S MAIN ST
CITY-ST-ZIP LABELLE FL

TITLE SD
NAME LESTER, BERNIE
STREET ADDRESS 640 S. MAIN ST
CITY-ST-ZIP LABELLE FL

TITLE PD
NAME CROCKET, DICK
STREET ADDRESS HWY 78A
CITY-ST-ZIP LABELLE FL

TITLE VD
NAME TAYLOR, MIKE
STREET ADDRESS 2550 GOPHER RIDGE RD
CITY-ST-ZIP IMMOKALEE FL 34142

TITLE PD
NAME JONES, TOM
STREET ADDRESS 1320 NORTH 15TH ST.
CITY-ST-ZIP IMMOKALEE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

Ron Hamel Executive Vice President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/99

Date

941-675-2180

Daytime Phone #

CR2E037 (1-1/98)