2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 790817

Entity Name: FLORIDA CITRUS PACKERS

Current Principal Place of Business:

800 TRAFALGAR COURT

SUITE 200

MAITLAND, FL 32751

Current Mailing Address:

P.O. BOX 941058

MAITLAND, FL 32794 US

FEI Number: 59-0907251 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHAIRES, J. PETER 800 TRAFALGAR COURT SUITE 200 MAITLAND, FL 32751 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: J. PETER CHAIRES 03/25/2015

Electronic Signature of Registered Agent

Officer/Director Detail:

Title PRESIDENT, CHAIRMAN Title DIRECTOR

NameESTES, WILLIAM CNameSALLIN, MICHELLEAddress4425 NORTH US HWY 1Address7836 CHERRY LAKE RD

City-State-Zip: VERO BEACH FL 32967 City-State-Zip: GROVELAND FL 34736

Title DIRECTOR, SECRETARY, Title DIRECTOR TREASURER

Name STREETMAN, GEORGE H

Name BARWICK, DON Address PO BOX 880

Address 306 9TH STREET City-State-Zip: VERO BEACH FL 32961

City-State-Zip: WINTER GARDEN FL 34787

Title DIRECTOR, 2ND VP
Title EXECUTIVE VICE PRESIDENT Name BLACK, LARRY

Name CHAIRES, J. PETER Address P.O. BOX 816

Address 800 TRAFALGAR COURT SUITE 200 City-State-Zip: FT. MEADE FL 33841

City-State-Zip: MAITLAND FL 32751

Title DIRECTOR

Title DIRECTOR Name CALLAHAM, STEVEN

Name BROADAWAY, DENNIS Address P.O. BOX 1739

Address P.O. BOX 337 City-State-Zip: DUNDEE FL 33838

City-State-Zip: HAINES CITY FL 33845 Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: J. PETER CHAIRES EXECUTIVE VP

Electronic Signature of Signing Officer/Director Detail

03/25/2015 Date

Date

FILED Mar 25, 2015

Secretary of State

CC3554822215

Officer/Director Detail Continued:

Title DIRECTOR Title DIRECTOR

Name GENKE, PAUL Name HAMNER, GEORGE JR.

Address P.O. BOX 12969 Address 7355 SW NINTH STREET

City-State-Zip: FT. PIERCE FL 34981 City-State-Zip: VERO BEACH FL 32968

Title DIRECTOR Title DIRECTOR

NameHUNT, FRANK M IIINameNELSON, GREGAddressP.O. BOX 631Address1900 OLD DIXIE HWY

City-State-Zip: LAKE WALES FL 33859 City-State-Zip: FT. PIERCE FL 34946

Title DIRECTOR

Name RICHEY, DAN

Address P.O. BOX 39

City-State-Zip: VERO BEACH FL 32961

Title DIRECTOR

SEXTON, BOBBY

Address 695 SOUTH US HWY 1

City-State-Zip: VERO BEACH FL 32962

City-State-Zip: VERO BEACH FL 32961 City-State-Zip: VERO BEACH F

Title DIRECTOR Title VC, 1ST VP

Title DIRECTOR Title VC, 1ST VP
Name SMITH, EMERY Name SMITH, TREY

Address P.O. BOX 127 Address 4776 OLD DIXIE HIGHWAY

City-State-Zip: FROSTPROOF FL 33843 City-State-Zip: VERO BEACH FL 32967