

**2017 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

02/13/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name ESTES, WILLIAM C  
Address 4425 NORTH US HWY 1  
City-State-Zip: VERO BEACH FL 32967

Title DIRECTOR  
Name SALLIN, MICHELLE  
Address 7836 CHERRY LAKE RD  
City-State-Zip: GROVELAND FL 34736

Title EXECUTIVE VICE PRESIDENT  
Name CHAIRES, J. PETER  
Address 800 TRAFALGAR COURT  
SUITE 200  
City-State-Zip: MAITLAND FL 32751

Title DIRECTOR  
Name BLACK, LARRY  
Address P.O. BOX 816  
City-State-Zip: FT. MEADE FL 33841

Title DIRECTOR  
Name BROADAWAY, DENNIS  
Address P.O. BOX 337  
City-State-Zip: HAINES CITY FL 33845

Title DIRECTOR  
Name CALLAHAM, STEVEN  
Address P.O. BOX 1739  
City-State-Zip: DUNDEE FL 33838

Title DIRECTOR  
Name GENKE, PAUL  
Address P.O. BOX 12969  
City-State-Zip: FT. PIERCE FL 34981

Title DIRECTOR  
Name HAMNER, GEORGE JR.  
Address 7355 SW NINTH STREET  
City-State-Zip: VERO BEACH FL 32968

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*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 CHAIRESEXECUTIVE VICE  
PRESIDENT

02/13/2017

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name HUNT, FRANK M III  
Address P.O. BOX 631  
City-State-Zip: LAKE WALES FL 33859

Title DIRECTOR  
Name RICHEY, DAN  
Address P.O. BOX 39  
City-State-Zip: VERO BEACH FL 32961

Title DIRECTOR  
Name SMITH, EMERY  
Address P.O. BOX 127  
City-State-Zip: FROSTPROOF FL 33843

Title CHAIRMAN, PRESIDENT  
Name ROE, QUENTIN  
Address P.O. BOX 900  
City-State-Zip: WINTER HAVEN FL 33882

Title DIRECTOR  
Name NELSON, GREG  
Address 1900 OLD DIXIE HWY  
City-State-Zip: FT. PIERCE FL 34946

Title SECRETARY/TREASURER  
Name SEXTON, ROBERT G  
Address 695 SOUTH US HWY 1  
City-State-Zip: VERO BEACH FL 32962

Title DIRECTOR  
Name SMITH, TREY  
Address 4776 OLD DIXIE HIGHWAY  
City-State-Zip: VERO BEACH FL 32967

Title VC, FIRST VP  
Name MITCHELL, TOM  
Address P.O. BOX 39  
City-State-Zip: VERO BEACH FL 32961