

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

**CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 20 11:17

DOCUMENT # 492179 (7)

1. Corporation Name

MITCHELL CITRUS PRODUCTS, INC.

Principal Place of Business

**% PACKAGED FOOD & BEVERAGE CO., INC.
7711 CARONDELLET, SUITE 308
ST. LOUIS MI 63105**

Mailing Address

**C/O PHILIP MORRIS MGMT. CORP
120 PARK AVE
NEW YORK NY 10017
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/08/1975

3a. Date of Last Report

02/04/1994

4. FEI Number

59-1644884

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**

7. This corporation has liability for intangible tax under S. 100.030,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

03

04 City

FL

05

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 title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**PTD
FRANTEL, EDWARD W.
5365 ISLEWORTH COUNTRY
WINDERMERE FL**

**VSD
BAKULA, J. STEWART
1420 GREENING LANE
KIRKWOOD MO**

**VPT
BARTLETT, DEDE THOMPSON
151 WOODRIGED DRIVE
NEW CANAAN CT**

**AS
CARNEY, ALFONSO
249 STORER AVE.
NEW ROCHELLE NY**

**AS
MCADAMS, DIANE
129 HILLSIDE AVENUE
VERONA NJ**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☒ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

Delete

Delete

*68 LONG MEADOWS ROAD
WILTON CT 06897*

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/13/95

DATE

212-880-5000

TELEPHONE NUMBER