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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 492179

1. Corporation Name

MITCHELL CITRUS PRODUCTS, INC.

FILED May 10, 1999 8:00 am Secretary of State 05-10-1999 90206 037 ***150.00

Principal Place	e of Business	Mailing Address						
% PACKAGED FOOD & BEVERAGE CO., INC. 7711 CARONDELET, SUITE 308 ST. LOUIS MI 63105		C/O TAX DEPT., PM MANAGEMENT CORP 120 PARK AVENUE			DO NOT WRITE IN T	HIS SPACE		
		NEW YORK NY 10017 US			3. Date Incorporated or Qualified			
		00			12/08/1975			
		O- Mailing Address			4. FEI Number		pplied For	
2. Principal Pla	lace of Business	2a. Mailing Address			59-1644884	<u> </u>	ot Applicable	
21		26			39° 1044004		Additional	_
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	•	equired		
22		27					_:	
City & State		City & State		6. Election Campaign Financing	•	May Be to Fees		
23		28			Trust Fund Contribution		to rees	
Zip	Country	Zip	Zìp Country		8. This corporation owes the current year		□No	
24	25	29			r ersonar roperty rax.			
	9. Name and Address of Curre	nt Registered Agent		<u></u>	10. Name and Address of New Register	ed Agent		
07.0	CODODATION OVETEN		,	1 Name				
	CORPORATION SYSTEM		ļ _ī	2 Street	Address (P.O. Box Number is Not Acceptable)	_		
	S. PINE ISLAND ROAD							
PLAN	NTATION FL 33324		[1	13				
					The state of the s	85 Zip	Code	
			ľ	4 City	F	FL °3 2"	Code	
11 Dureuant t	to the provisions of Sections 607.05	02 and 607 1508. Florida Statu	ites, the abo	ve-named	corporation submits this statement for the purpose	of changing its	s registered	
office or re	egistered agent, or both, in the State m familiar with, and accept the oblig	a of Fiorida Such change was i	aumonzeu i	ישיטט פווו אנ	oration's board of directors. I hereby accept the ap	pointment as re	egistered	
SIGNATURE		4107	T. D		equired when reinstating) DATE			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: F			13.	gent signature	ADDITIONS/CHANGES TO OFFICERS		ORS IN 12	ŏ
12.	OFFICERS A	IND DIKECTORS	13.		ADDITIONO/OTE WOLD TO CITTOLING			
	VCD	□ DELETE	11777	:		Change	☐ Addition	-
TITLE	VSD PAYURA I STEMART	☐ DELETE	1.1 TITL			Change	☐ Addition	4 /11
TITLE NAME	BAKULA, J. STEWART	☐ DELETE	1.2 NAM	E		☐ Change	☐ Addition	034 (11
	BAKULA, J. STEWART 1420 GREENING LANE	☐ DELETE	1.2 NAM 1.3 STR	E EET ADDRESS		☐ Change	☐ Addition	2E034 /11
NAME	BAKULA, J. STEWART		1.2 NAM 1.3 STR 1.4 CITY	E EET ADDRESS - ST-ZIP			_	CR2F034 (11
NAME STREET ADDRESS	BAKULA, J. STEWART 1420 GREENING LANE	☐ DELETE	1.2 NAM 1.3 STR	E EET ADDRESS - ST-ZIP		☐ Change	☐ Addition	CR2F034 /11
NAME STREET ADDRESS CITY-ST-ZIP	BAKULA, J. STEWART 1420 GREENING LANE KIRKWOOD MO		1.2 NAM 1.3 STR 1.4 CITY	E EET ADDRESS - ST-ZIP			_	CR2F034 /11
NAME STREET ADDRESS CITY-ST-ZIP TITLE	BAKULA, J. STEWART 1420 GREENING LANE KIRKWOOD MO AS		1.2 NAM 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM	E EET ADDRESS - ST-ZIP			_	CR2F034 /11
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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 of hipplemental 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 sustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changes. If on an attachor, with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: