

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **741425** (3)

1. Corporation Name

**FLORIDA CITRUS PROCESSORS FOR GOOD GOVERNMENT, I
NC.**

Principal Place of Business

Mailing Address

**490 THIRD STREET NW
P. O. BOX 2869
WINTER HAVEN FL 33881-3401**

**490 THIRD STREET NW
P. O. BOX 2869
WINTER HAVEN FL 33881-3401**

3. Date Incorporated or Qualified

01/23/1978

4. FEI Number

59-1804878

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

6. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHAW, RODERICK D. JR.
315 MADISON STREET
SUITE 611
TAMPA FL**

81 Name
BEASLEY, JR. CLIFFORD C.
82 Street Address (P.O. Box Number is Not Acceptable)
921 PIEDMOND DRIVE SE
83
84 City
WINTER HAVEN

FL

85 Zip Code
33880

11. Pursuant to the provisions of Sections 617.05(2) and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office of 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 617.05(3), Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/9/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	MOONEY, GENE	
STREET ADDRESS	2020 UW HWY 17 SOUTH	
CITY - ST - ZIP	BARTOW FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	BEASLEY, CLIFFORD C. JR.	
STREET ADDRESS	490 THIRD STREET N.W.	
CITY - ST - ZIP	WINTERHAVEN FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	NELSON JR., J.F.	
STREET ADDRESS	HIGHWAY 19	
CITY - ST - ZIP	UMATILLA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SIMMERS, T.W.	
STREET ADDRESS	25411 MARE AVENUE	
CITY - ST - ZIP	HOWEY-IN-THE-HILLS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D
4.3 STREET ADDRESS	W. J. FERRARI
4.4 CITY - ST - ZIP	1001 13TH AVENUE EAST BRADENTON, FL.
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 supplementary 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 holder 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

SIGNATURE:

1/15/98

CP2E037 (10/97)