FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # 752848 (2)

1. Corporation Name

FLORIDA CITRUS MUTUAL POLITICAL ACTION COMMITTEE , INC.

Principal Place of Business	Mailing Address
MITTEE. INC. 302 SOUTH MASSACHUSETTS % BOBBY F.MCKOWN LAKELAND FL 33801-5013	MITTEE. INC. 302 SOUTH MASSACHUSETTS % BOBBY F.MCKOWN LAKELAND FL 33801-5013

3. Date Incorporated or Qualified: 06/09/1980
3a. Date of Last Report: 02/01/1995

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 59-0580477 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MCKOWN, BOBBY F.
302 SOUTH MASSACHUSETTS
LAKELAND FL 33802

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Bobby McKown 1/18/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DURRANCE, WILLIAM		1.2 NAME		
STREET ADDRESS	1201 HEREFORD RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	RUSKIN FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	THOMAS, GLENN		2.2 NAME		
STREET ADDRESS	1653 CRUMP RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	RALEY, WILLIAM L		3.2 NAME		
STREET ADDRESS	505 AVENUE A NW		3.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL		3.4 CITY-ST-ZIP		
TITLE	C	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	UPDIKE, JOHN		4.2 NAME		
STREET ADDRESS	547 CLUBHOUSE DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WALES FL		4.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MCKOWN, BOBBY		5.2 NAME		
STREET ADDRESS	9640 W LAKE RUBY DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN, FL 00000		5.4 CITY-ST-ZIP		
TITLE	AT	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	DEAN, EDD W		6.2 NAME		
STREET ADDRESS	302 S MASSACHUSETTS AVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL		6.4 CITY-ST-ZIP		

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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 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: Bobby McKown 1/18/96 (941) 682-1111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #