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May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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.

[redacted]

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 F: 01/25/19

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

4. FEI Number: 59-0580477 Ap No

5. Certificate of Status Desired ☐ $8.75 Fee Re

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 Added to

8. This corporation has liability for intangible tax under s. 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

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City FL 65 Zip Cod

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 re 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 reg agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐
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 ☐
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 ☐ A
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 ☐ Ac
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 ☐ Adc
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 ☐ Add
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	

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14. I do 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 supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; 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: [signature] 1/2/97 (941) 682-1111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR