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05-04-1999 90087 035 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 752848

1. Corporation Name

FLORIDA CITRUS MUTUAL POLITICAL ACTION COMMITTEE, INC.

Principal Place of Business	Mailing Address
302 SOUTH MASSACHUSETTS LAKELAND FL 33801-5013	302 SOUTH MASSACHUSETTS LAKELAND FL 33801-5013

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	6/9/80
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0580477 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

LAVIGNE, ANDREW W.
302 SOUTH MASSACHUSETTS
LAKELAND FL 33801

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 _____ 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 IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	DURRANCE, WILLIAMS		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	LAVIGNE, ANDREW W		5.2 NAME	
STREET ADDRESS	5115 N SOCRUM LOOP RD #351		5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33809		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		6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL		6.4 CITY-ST-ZIP	

CR2E037 (11/98)

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 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, with all other like empowered.

SIGNATURE: Andrew W. LaVigne 4/23/99 941/682-1111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Andrew W. LaVigne