

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

95 FEB 27 PM 3:25

DOCUMENT # 790179 (6)

1. Corporation Name
OSLO CITRUS GROWERS ASSOCIATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
**695 S US HWY #1
P O BOX 1208
VERO BCH FL 32961**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/12/1967	3a. Date of Last Report 01/27/1994
4. FEI Number 59-0386260	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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9. Name and Address of Current Registered Agent
**EGAN III, J B
695 S US HWY #1
VERO BCH FL 32962**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	SEXTON, RALPH W	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANCH RD	1.2 NAME	
STREET ADDRESS	VERO BCH FL	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE STD	EGAN, J B III	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4631 9TH FL	2.2 NAME	
STREET ADDRESS	VERO BCH FL	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE VD	BAILEY, JAMES L	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2402 BUENA VISTA BLVD	3.2 NAME	
STREET ADDRESS	VERO BCH FL	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE D	SEXTON, CHARLES R	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4990 11TH LANE	4.2 NAME	
STREET ADDRESS	VERO BCH FL	4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE D	BARR, JOSEPH R.	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDPIPER POINT	5.2 NAME	
STREET ADDRESS	VERO BEACH FL	5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE D	SEXTON, CHARLES R JR	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4650 17TH STREETE SW	6.2 NAME	
STREET ADDRESS	VERO BCH FL	6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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)(b), 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: **J.B. Egan, III** 17 February 1995 407 562 2301
Typed or printed name of signing officer or director Date Telephone