


2-18-97 B-2103 C  
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 Feb 18 1997 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 790179 (6)**  
 1. Corporation Name  
**OSLO CITRUS GROWERS ASSOCIATION**



Principal Place of Business <b>695 S US HWY #1 P O BOX 1208 VERO BCH FL 32961</b>	Mailing Address <b>695 S US HWY #1 P O BOX 1208 VERO BCH FL 32961-1208</b>
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3. Date Incorporated or Qualified <b>06/12/1967</b>	3a. Date of Last Report <b>03/07/1996</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number <b>59-0386260</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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  
 85 Zip Code **FL**

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

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>SEXTON, RALPH W</b>
STREET ADDRESS	<b>RANCH RD</b>
CITY-ST-ZIP	<b>VERO BCH FL</b>
TITLE	<b>STD</b> <input type="checkbox"/> DELETE
NAME	<b>EGAN, J B III</b>
STREET ADDRESS	<b>4631 9TH PL</b>
CITY-ST-ZIP	<b>VERO BCH FL</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE
NAME	<b>BAILEY, JAMES L</b>
STREET ADDRESS	<b>2402 BUENA VISTA BLVD</b>
CITY-ST-ZIP	<b>VERO BCH FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>SEXTON, CHARLES R</b>
STREET ADDRESS	<b>4990 11TH LANE</b>
CITY-ST-ZIP	<b>VERO BCH FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>BARR, JOSEPH R.</b>
STREET ADDRESS	<b>SANDPIPER POINT</b>
CITY-ST-ZIP	<b>VERO BEACH FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>SEXTON, CHARLES R JR</b>
STREET ADDRESS	<b>4650 17TH STREETE SW</b>
CITY-ST-ZIP	<b>VERO BCH FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 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; 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: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**EGAN, III**  
 2-7-97  
 Daytime Phone # 0020838

CR2E037 (9/96)