

FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 18 1998 8:00am
Secretary of State**

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # 790179 (6)
1. Corporation Name
OSLO CITRUS GROWERS ASSOCIATION



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

3. Date Incorporated or Qualified
06/12/1967

4. FEI Number
59-0386260

| | |
|----------------|--|
| Applied For | |
| Not Applicable | |

| | |
|--|---|
| 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 |
|--|---|

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 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 | 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

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

| | |
|--------------------|---|
| 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 |
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| 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 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:  **6-10-98** **561-566-2801**

CP2E037 (10/97)