


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 21, 1999 8:00 am**  
**Secretary of State**

02-21-1999 90023 024 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 790179**

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
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89366 90023 24



21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country	3. Date Incorporated or Qualified <b>06/12/1967</b>	4. FEI Number <b>59-0386260</b>	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
24. Zip Country	29. Zip Country			

9. Name and Address of Current Registered Agent  <b>EGAN III, J B</b> <b>695 S US HWY #1</b> <b>VERO BCH FL 32962</b>				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	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SEXTON, RALPH W</b>	1.2 NAME	
STREET ADDRESS	<b>RANCH RD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>VERO BCH FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>STD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EGAN, J B III</b>	2.2 NAME	
STREET ADDRESS	<b>4631 9TH PL</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>VERO BCH FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BAILEY, JAMES L</b>	3.2 NAME	
STREET ADDRESS	<b>2402 BUENA VISTA BLVD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>VERO BCH FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SEXTON, CHARLES R</b>	4.2 NAME	
STREET ADDRESS	<b>4990 11TH LANE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>VERO BCH FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARR, JOSEPH R.</b>	5.2 NAME	
STREET ADDRESS	<b>SANDPIPER POINT</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>VERO BEACH FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SEXTON, CHARLES R JR</b>	6.2 NAME	
STREET ADDRESS	<b>4650 17TH STREETE SW</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>VERO BCH FL</b>	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, with all other like empowered.

SIGNATURE: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-9-99** **361-562-2201**  
 Date Daytime Phone #

CR2E037 (1/98)