

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 24 1996 8:00 am
Secretary of State

DOCUMENT # 790472 (5)
1. Corporation Name
WINTER GARDEN CITRUS PRODUCTS COOPERATIVE



Principal Place of Business Mailing Address
355 SOUTH NINTH STREET P.O. BOX 770399
WINTER GARDEN FL 34787 WINTER GARDEN FL 34777-0399
US

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/05/1944		3a. Date of Last Report 03/24/1995	
21		26		4. FEI Number 59-0529396		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
23		28					
Zip	Country	Zip	Country				
24		29					
25		30					

9. Name and Address of Current Registered Agent

GORMAN, ROBERT W.
3100 OLD WINTER GARDEN ROAD
APT. #432
OCOE FL 34761

10. Name and Address of New Registered Agent

81 Name HARVEY R. HELLER
82 Street Address (P.O. Box Number is Not Acceptable)
508 W. LAKEVIEW STREET
83
84 City ORLANDO FL 85 Zip Code 32804

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 HARVEY R. HELLER, PRESIDENT

Signature, typed or printed name of registered agent, and title if applicable.

(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	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HELLER, HARVEY R			1.2 NAME			
STREET ADDRESS	508 W. LAKEVIEW STREET			1.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL			1.4 CITY-ST-ZIP			32804
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOYD, MAURICE M			2.2 NAME			
STREET ADDRESS	1400 WEST HIGHWAY 438			2.3 STREET ADDRESS			
CITY-ST-ZIP	OAKLAND FL			2.4 CITY-ST-ZIP			34787
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROPER, BERT E			3.2 NAME			
STREET ADDRESS	12302 SUMMERPORT LANE			3.3 STREET ADDRESS			
CITY-ST-ZIP	WINDERMERE FL			3.4 CITY-ST-ZIP			34786
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCPHERSON, REX V II			4.2 NAME			
STREET ADDRESS	2029 COMPANERO AVENUE			4.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL			4.4 CITY-ST-ZIP			32804
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FISCHER, EVERETTE H			5.2 NAME			
STREET ADDRESS	131 E. MAGNOLIA AVENUE			5.3 STREET ADDRESS			
CITY-ST-ZIP	WINDERMERE FL 34786			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DELOACH, THOMAS C.			6.2 NAME			
STREET ADDRESS	515 NORTH BOYD STREET			6.3 STREET ADDRESS			
CITY-ST-ZIP	WINTER GARDEN FL			6.4 CITY-ST-ZIP			34787

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)(k), 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, changed, or on an attachment with an address.

SIGNATURE:

PETER J. HECKMAN, ASST. TREAS.

4/19/96 (407) 656-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone:

CR2E037 (12/95)

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WINTER GARDEN CITRUS PRODUCTS COOPERATIVE

STATE OF FLORIDA

CORPORATION ANNUAL REPORT

ITEM 12 - OFFICERS AND DIRECTORS

D
ROBERT H. FREEMAN
8413 SUNSET DRIVE
ORLANDO, FL 32819

D
E.B. CONOLEY II
3500 GATLIN AVENUE
ORLANDO, FL 32811

S/T
MELVIN L. HILL
4437 ELAINE PLACE
ORLANDO, FL 34812

A/S/T
PETER J. HECKMAN
5613 BAY SIDE DRIVE
ORLANDO, FL 32819

ITEM 13 - CHANGES TO
OFFICERS AND DIRECTORS IN 12