


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90046 047 \*\*\*\*61.25

|   |                        |   |  |  |  |
|---|------------------------|---|--|--|--|
| <b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>   |                        |            |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS   |  |
| <b>DOCUMENT # 790472</b>  |                        |   |  |  |  |
| 1. Corporation Name<br><b>WINTER GARDEN CITRUS PRODUCTS COOPERATIVE</b>   |                        |   |  |  |  |
| Principal Place of Business<br>13100 W COLONIAL DR<br>WINTER GARDEN FL 34787<br>US  |                        |   | Mailing Address<br>PO BOX 770338<br>WINTER GARDEN FL 34777-0338<br>US  |  |  |
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip Country<br>24 25  |                        | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip Country<br>29 30 |  | 3. Date Incorporated or Qualified<br>07/05/1944<br>4. FEI Number<br>59-0529396<br>Applied For<br>Not Applicable<br>5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required<br>6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |  |
| 9. Name and Address of Current Registered Agent<br>MCPHERSON, REX V. II<br>13100 W COLONIAL DR<br>WINTER GARDEN FL 34787  |                        |   | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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<br>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  | <input 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  |  |  |
| TITLE   | D                      | <input type="checkbox"/> DELETE   | 2.1 TITLE  | <input 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  |  |  |
| TITLE   | D                      | <input type="checkbox"/> DELETE   | 3.1 TITLE  | <input 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  |  |  |
| TITLE   | DP                     | <input type="checkbox"/> DELETE   | 4.1 TITLE  | <input 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  |  |  |
| 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 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  |  |  |

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 REQUIRED**

REX V. II MCPHERSON, II

04/01/99

407/656-2291

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)