FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 24 PM 3:04

DOCUMENT # 790559 (9)

1. Corporation Name
FLORIDA CITRUS MUTUAL

Principal Place of Business	Mailing Address
302 S MASS AVE LAKELAND FL 33801	302 S MASS AVE LAKELAND FL 33801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/10/1948
3a. Date of Last Report: 01/20/1994
4. FEI Number: 59-0580477 ☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MCKOWN, BOBBY F
9640 W LAKE RUBY DR.
WINTER HAVEN FL 33884

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 607.0502 and 607.1508, 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 607.0505, 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	V	1.1 TITLE		☐ Change ☐ Addition
NAME	MCKOWN, BOBBY F	1.2 NAME		
STREET ADDRESS	9640 W. LAKE RUBY DRIVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN, FL 00000 33884-4114	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	BATTAGLIA, ROBERT E	2.2 NAME		
STREET ADDRESS	628 E. PLANT ST.	2.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER GARDEN FL	2.4 CITY-ST-ZIP		
TITLE	PD	3.1 TITLE	D	☒ Change ☐ Addition
NAME	SMOAK, JOHN F. JR.	3.2 NAME		
STREET ADDRESS	1025 ST. RD. 17 N.	3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE PLACID FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	BROCK, PETE H.	4.2 NAME		
STREET ADDRESS	307 ANDERSON DR.	4.3 STREET ADDRESS		
CITY-ST-ZIP	DADE CITY FL	4.4 CITY-ST-ZIP		
TITLE	VD	5.1 TITLE	PD	☒ Change ☐ Addition
NAME	HAMNER, GEORGE F.JR ,	5.2 NAME	SORRELLS, STEVE	
STREET ADDRESS	7355 9TH STREET SW	5.3 STREET ADDRESS	135 MARSHALL AVE	
CITY-ST-ZIP	VERO BEACH, FL 32968-0189	5.4 CITY-ST-ZIP	ARCADIA FL 33821	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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)(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: Bobby F. McKown Ex Pres & CEO 1/14/95 813/682-1111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Bobby F. McKown

0000000