

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSFILED
Jan 22 1997 8:00am
Secretary of State**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 33801-5013**3. Date Incorporated or Qualified
02/10/19483a. Date of Last Report
01/24/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

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

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	V	<input type="checkbox"/> DELETE
NAME	MCKOWN, BOBBY F	
STREET ADDRESS	9640 W. LAKE RUBY DRIVE	
CITY - ST - ZIP	WINTER HAVEN, FL 00000 33884-4114	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	BATTAGLIA, ROBERT E	
STREET ADDRESS	628 E. PLANT ST.	
CITY - ST - ZIP	WINTER GARDEN FL	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SMOAK, JOHN F. JR.	
STREET ADDRESS	1025 ST. RD. 17 N.	
CITY - ST - ZIP	LAKE PLACID FL	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BROCK, PETE H.	
STREET ADDRESS	307 ANDERSON DR.	
CITY - ST - ZIP	DADE CITY FL	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SORRELLS, STEVE	
STREET ADDRESS	135 MARSHALL AVENUE	
CITY - ST - ZIP	ARCADIA FL	

5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

6.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	TURNER, ROBERT C.	
6.3 STREET ADDRESS	899 Lake Otis Dr W	
6.4 CITY - ST - ZIP	Winter Haven FL	

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0052371

CR2E037 (9/96)