


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90032 043 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 790559					
1. Corporation Name FLORIDA CITRUS MUTUAL					
Principal Place of Business 302 S MASS AVE LAKELAND FL 33801			Mailing Address 302 S MASS AVE LAKELAND FL 33801		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		02/10/1948	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-0580477	
24 Country		29 Country		30	
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing				<input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MCKOWN, BOBBY F 9640 W LAKE RUBY DR. WINTER HAVEN FL 33884				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				Lakeland FL 85 Zip Code 33815			

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 Andrew W. LaVigne

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/8/99

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	V	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCKOWN, BOBBY F			1.2 NAME	Andrew W. LaVigne		
STREET ADDRESS	9640 W. LAKE RUBY DRIVE			1.3 STREET ADDRESS	5115 N Socrum Loop Rd #351		
CITY-ST-ZIP	WINTER HAVEN, FL 00000 33884-4114			1.4 CITY-ST-ZIP	Lakeland FL 33815		
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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	D	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAMNER, GEORGE F JR			3.2 NAME			
STREET ADDRESS	7355 9T ST, SW			3.3 STREET ADDRESS			
CITY-ST-ZIP	VERO BEACH FL			3.4 CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TURNER, ROBERT C.			4.2 NAME			
STREET ADDRESS	899 LAKE OTIS DR. W.			4.3 STREET ADDRESS			
CITY-ST-ZIP	WINTER HAVEN FL			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SORRELLS, STEVE			5.2 NAME			
STREET ADDRESS	135 MARSHALL AVENUE			5.3 STREET ADDRESS			
CITY-ST-ZIP	ARCADIA FL			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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:

Andrew W. LaVigne
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/8/99

941-682-1111

CR2E037 (1/98)