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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 790983

1. Corporation Name

FLORIDA CITRUS EXCHANGE

Principal Place of Business

 1991 74 AVE
 VERO BEACH FL 32961-32966

Mailing Address

 PO BOX 6152 690152
 VERO BEACH FL 32961-32969-0152


2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/21/1969	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		NOT APPLICABLE	
24 Country		30 Country		5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required <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

BAER, KENNETH A
1991 74 AVE
VERO BEACH FL 32968

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	CEO	1.1 TITLE	CEO/DIRECTOR
NAME	MCEVOY, BRUCE E	1.2 NAME	
STREET ADDRESS	1991 74TH AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL 32968	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	
NAME	MCCRANIE, JAMES B	2.2 NAME	
STREET ADDRESS	1049 POITRAS DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL 32963	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	
NAME	SANDERS, CHARLES M. JR	3.2 NAME	
STREET ADDRESS	1485 50TH COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	TREASURER/DIRECTOR
NAME	BAER, KENNETH A	4.2 NAME	BAER, KENNETH A.
STREET ADDRESS	1991 74TH AVENUE	4.3 STREET ADDRESS	3565 LUCIA DRIVE
CITY-ST-ZIP	VERO BEACH FL 32961	4.4 CITY-ST-ZIP	VERO BEACH, FL 32967
TITLE	VP	5.1 TITLE	PRESIDENT/DIRECTOR
NAME	LUTHER, JOHN	5.2 NAME	LUTHER, JOHN
STREET ADDRESS	555 HIGHWAY A1A	5.3 STREET ADDRESS	555 HIGHWAY A1A
CITY-ST-ZIP	VERO BEACH FL 32963	5.4 CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	P	6.1 TITLE	DIRECTOR
NAME	HUNT, FRANK M	6.2 NAME	HUNT, FRANK M
STREET ADDRESS	803 N. LAKESHORE BLVD.	6.3 STREET ADDRESS	803 N. LAKESHORE BLVD
CITY-ST-ZIP	LAKE WALES FL 33853	6.4 CITY-ST-ZIP	LAKE WALES, FL 33853

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 TREASURER

Date

Daytime Phone #

3/9/99 561-569-2244

CR2E037 (11/98)