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Mar 19 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Murtham, Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 844284 (0)  
1. Corporation Name  
DOLE CITRUS INCORPORATED

Principal Place of Business 10000 MING AVE. BAKERSFIELD CA 93311 US	Mailing Address P O BOX 5132 WESTLAKE VILLAGE CA 91359-5132 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 10/02/1979	3a. Date of Last Report 05/01/1996
4. FEI Number 95-3408577	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	COSTLEY, GREGORY L	
STREET ADDRESS	10000 MING AVE	
CITY-ST-ZIP	BAKERSFIELD CA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BATES, J. ALBERT	
STREET ADDRESS	10000 MING AVE.	
CITY-ST-ZIP	BAKERSFIELD CA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	FIORI, KEVIN	
STREET ADDRESS	10000 MING AVE.	
CITY-ST-ZIP	BAKERSFIELD CA	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	KARSNER, MICHAEL S	
STREET ADDRESS	31365 OAK CREST DR	
CITY-ST-ZIP	WESTLAKE VILLAGE CA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	TIBBITTS, J BRETT	
STREET ADDRESS	31365 OAK CREWT DR	
CITY-ST-ZIP	WESTLAKE VILLAGE CA	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	PERRIGO, DAVID W	
STREET ADDRESS	31365 OAK CREST DR	
CITY-ST-ZIP	WESTLAKE VILLAGE CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	93311
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	93311
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	93311
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	TD
4.3 STREET ADDRESS	Lang, Edward A
4.4 CITY-ST-ZIP	31365 Oak Crest Dr. Westlake Village, CA 91361-4634
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	91361-4634
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	91361-4634

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 supplement thereto 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 registered or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment to this address.

FEB 10 1997

CR2E034 (9/96)