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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

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

2. Principal Place of Business (21-24)
2a. Mailing Address (25-30)

3. Date Incorporated or Qualified: 10/02/1979
3a. Date of Last Report: 05/01/1996
4. FEI Number: 95-3408577
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes 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
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City: FL B5 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: _____ (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSTLEY, GREGORY L	1.2 NAME	
STREET ADDRESS	10000 MING AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BAKERSFIELD CA	1.4 CITY-ST-ZIP	93311
TITLE	V	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATES, J. ALBERT	2.2 NAME	
STREET ADDRESS	10000 MING AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BAKERSFIELD CA	2.4 CITY-ST-ZIP	93311
TITLE	VP	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIORI, KEVIN	3.2 NAME	
STREET ADDRESS	10000 MING AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BAKERSFIELD CA	3.4 CITY-ST-ZIP	93311
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KARSNER, MICHAEL S	4.2 NAME	TD
STREET ADDRESS	31365 OAK CREST DR	4.3 STREET ADDRESS	Lang, Edward A
CITY-ST-ZIP	WESTLAKE VILLAGE CA	4.4 CITY-ST-ZIP	31365 Oak Crest Dr.
TITLE	S	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIBBITTS, J BRETT	5.2 NAME	
STREET ADDRESS	31365 OAK CREWT DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	WESTLAKE VILLAGE CA	5.4 CITY-ST-ZIP	91361-4634
TITLE	AT	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERRIGO, DAVID W	6.2 NAME	
STREET ADDRESS	31365 OAK CREST DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	WESTLAKE VILLAGE CA	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, supplementing its 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment to this address.

SIGNATURE: _____

CR2E034 (9/96)

FEB 10 1997

818/870 6600