

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Apr 20 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 844284 (0)**

1. Corporation Name  
**DOLE CITRUS INCORPORATED**



Principal Place of Business <b>10000 MING AVE.                  BAKERSFIELD CA 93311                  US</b>	Mailing Address <b>P O BOX 5132                  WESTLAKE VILLAGE CA 91359-132                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

3. Date Incorporated or Qualified <b>10/02/1979</b>	
4. FEI Number <b>95-3408577</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input 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 \_\_\_\_\_ (NOIL: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>COSTLEY, GREGORY L</b>	1.2 NAME	
STREET ADDRESS	<b>10000 MING AVE BAKERSFIELD CA</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<b>93311</b>
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BATES, J. ALBERT</b>	2.2 NAME	
STREET ADDRESS	<b>10000 MING AVE. BAKERSFIELD CA</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>93311</b>
TITLE	VP	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FIORI, KEVIN</b>	3.2 NAME	
STREET ADDRESS	<b>10000 MING AVE. BAKERSFIELD CA</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>93311</b>
TITLE	TD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LANG, EDWARD A</b>	4.2 NAME	<b>LANG, III, EDWARD A.</b>
STREET ADDRESS	<b>31365 OAK CREST DR WESTLAKE VILLAGE CA</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>91361-4634</b>
TITLE	S	5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>TIBBITTS, J BRETT</b>	5.2 NAME	
STREET ADDRESS	<b>31365 OAK CREWT DR WESTLAKE VILLAGE CA</b>	5.3 STREET ADDRESS	<b>31365 OAK CREST DRIVE</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>91361-4634</b>
TITLE	AT	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PERRIGO, DAVID W</b>	6.2 NAME	
STREET ADDRESS	<b>31365 OAK CREST DR WESTLAKE VILLAGE CA</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>91361-4634</b>

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

*(Signature)*

4/3/98

818/879-6600

CR2E034 (10/97)

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**Dole Citrus Incorporated**

**FEI No. 95-3408577**

**13. Additional Officers:**

**Title:** AS  
**Name:** Theresa L. Hoover  
**Street Address:** 31365 Oak Crest Drive  
**City-St-Zip:** Westlake Village, CA 91361-4634

**Title:** V  
**Name:** W. Thomas Jerkins  
**Street Address:** 6190 5th Street, S.W.  
**City-St-Zip:** Vero Beach, FL 32968

**Title:** AS  
**Name:** Janice M. Nicols  
**Street Address:** 31365 Oak Crest Drive  
**City-St-Zip:** Westlake Village, CA 91361-4634