


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

0554552

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90247 045 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 844284**  
 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 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25	Country 30
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3. Date Incorporated or Qualified <b>10/02/1979</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>95-3408577</b>	
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 owes the current year Intangible Personal Property Tax. <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	<b>FL</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>COSTLEY, GREGORY L</b>	
STREET ADDRESS	<b>10000 MING AVE</b>	
CITY-ST-ZIP	<b>BAKERSFIELD CA 93311</b>	
TITLE	V	<input type="checkbox"/> DELETE
NAME	<b>BATES, J. ALBERT</b>	
STREET ADDRESS	<b>10000 MING AVE.</b>	
CITY-ST-ZIP	<b>BAKERSFIELD CA 93311</b>	
TITLE	V	<input type="checkbox"/> DELETE
NAME	<b>FIORI, KEVIN</b>	
STREET ADDRESS	<b>10000 MING AVE.</b>	
CITY-ST-ZIP	<b>BAKERSFIELD CA 93311</b>	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	<b>LANG, III E A</b>	
STREET ADDRESS	<b>31365 OAK CREST DR</b>	
CITY-ST-ZIP	<b>WESTLAKE VILLAGE CA 91361-4634</b>	
TITLE	S	<input type="checkbox"/> DELETE
NAME	<b>TIBBITTS, J BRETT</b>	
STREET ADDRESS	<b>31365 OAK CREST DRIVE</b>	
CITY-ST-ZIP	<b>WESTLAKE VILLAGE CA 91361-4634</b>	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>PERRIGO, DAVID W</b>	
STREET ADDRESS	<b>31365 OAK CREST DR</b>	
CITY-ST-ZIP	<b>WESTLAKE VILLAGE CA 91361-4634</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>T Potillo, Beth</b>
4.3 STREET ADDRESS	<b>31365 Oak Crest Drive</b>
4.4 CITY-ST-ZIP	<b>Westlake Village, CA 91361-4634</b>
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>S/D (Brett Tibbitts)</b>
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>AT/V/D (David W. Perrigo)</b>
6.3 STREET ADDRESS	
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 607, 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:  **David W. Perrigo** 2/8/99 818-879-6600  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)