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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 844284

1. Corporation	Name								
DOLE CITRUS INCORPORATED									
		•				H HAROUN HOURT BOOM AND A FIREFAIR	an dal a baba d al	<u> Pill Bardan Bardan B</u> a	. 11 00 11010 1101 0
					i				
Principal Place of Business Mailing Address						f immint mint minte diete brede te	Wi Aidi didir asi	,,, 61611 91511 61	
10000 MING AVE. P O BOX 5132									
BAKERSFIELD CA 99311 WESTLAKE VILLAGE CA 91			59-132			DO NOT WRITE IN THIS SPACE			
US US					H	3. Date Incorporated or Qualifed			
						10/02/1979			
2 Deigning D	2a. Mailing Address				4. FEI Number		I An	plied For	
2. Principal Place of Business		26				95-3408577		_ 	t Applicable
21 Suite, Apt. #, etc.		Suite, Apt. #, etc.						\$8.75 A	
22		27				5. Certifcate of Status Desired		Fee Re	
City & State		City & State				6. Election Campaign Financing		\$5.00	May Be
23		28			}	Trust Fund Contribution		Added to	o Fees
Zip Country		Zip Country			8. This corporation owes the curr	ent year Inta		_	
24 25 29		29 3	30			Personal Property Tax.			□No
	9. Name and Address of Current	Registered Agent		,		0. Name and Address of New F	tegistered A	\gent	
THE EDENTION HALL CORPORATION CVCTCM INC			81	Name					
THE PRENTICE-HALL CORPORATION SYSTEM, INC.			82	Street	Address	ress (P.O. Box Number is Not Acceptable)			
1201 HAYS STREET			<u> </u>						
SUITE 105			83						
TALLAHASSEE FL 32301			84	City				85 Zip 0	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes,							<u>FĻ</u>	<u> </u>	
11. Pursuant t	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607.1508, Florida Statutes f Florida, Such change was aut	i, the above horized by	e-named the corpo	corporation's	tion submits this statement for the board of directors. I hereby accep	purpose of o ot the appoir	inanging its itment as re	registered gistered
agent. I ar	m familiar with, and accept the obligation	ons of, Section 607.0505, Florid	la Statutes	•					
SIGNATURE							DATE		}
Signature, typed or printed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS			Registered Agent signature required 13.			ADDITIONS/CHANGES TO OF		D DIRECTO	RS IN 12
TITLE	PD	DELETE	1.1 TITLE		T			☐ Change	Addition
NAME	COSTLEY, GREGORY L		1.2 NAME						ĺ
STREET ADDRESS			1.3 STREET	ADDRESS					
CITY-ST-ZIP	BAKERSFIELD CA 93311			T-ZIP	•				
TITLE	V	☐ DELETE	2.1 TITLE					☐ Change	☐ Addition
NAME	BATES, J. ALBERT		2.2 NAME						İ
STREET ADDRESS	10000 MING AVE.		2.3 STREE	T ADDRESS					i
CITY-ST-ZIP			2. 4 CITY-5	ST-21P					
TITLE	V	☐ DELETE	3.1 TITLE					Change	Addition
NAME	FIORI, KEVIN		3.2 NAME						
STREET ADDRESS			3.3 STREE	TADDRESS					
CITY-ST-ZIP			3.4. CITY-5	ST-ZiP	<u> </u>				
TITLE	TD	X DELETE	4 1 TITLE		Т			☐ Change	Addition
NAME	LANG, III E A		4 2 NAME			illo, Beth			
STREET ADDRESS	31365 OAK CREST DR		4.3 STREE	T ADDRESS	313	865 Oak Crest Driv	e		
CITY-ST-ZIP			4.4 CITY-S	T-ZiP		<u>stlake Village, CA</u>	91361-		## A 4.000
TITLE	S	☐ DELETE	5.1 TITLE		į <u>š</u> /E			Change	X Addition
NAME	TIBBITTS, J BRETT		5.2 NAME			tt Tibbitts)			
STREET ADDRESS	31000 OAK ONEST DITTE			TADORESS					
CITY-ST-ZIP	WESTLAKE VILLAGE CA 91361-	001 1001		5.4 CITY-ST-ZIP		17./D			W7
TITLE	VD	☐ DELETE	61 TITLE			V/D		☐ Change	X Addition
I LINGO, DAND W		6.2 NAME		l	id W. Perrigo)			ţ	
STREET ADDRESS	31365 OAK CREST DR		■ 6.3 STREE	TADDRESS	1				

6.4 CITY-ST-ZIP WESTLAKE VILLAGE CA 91361-4634 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 of 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:

818-879-6600