

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94580 (0)

1. Corporation Name

PACKERS CITRUS SALES, INC.



Principal Place of Business

**R. SCOTT ROGERS
2202 12TH AVENUE
VERO BEACH FL 32960**

Mailing Address

**R. SCOTT ROGERS
2202 12TH AVENUE
VERO BEACH FL 32960**

2. Principal Place of Business

21 **5700 West Midway Rd**

Suite, Apt. #, etc.

2a. Mailing Address

26 **P.O. Box 12969**

Suite, Apt. #, etc.

22 City & State

23 **Ft. Pierce, Fla.**

24 **34979**

Country

27 City & State

28 **Ft. Pierce, Fla.**

29 **34979**

Country

3. Date Incorporated or Qualified
08/13/1982

3a. Date of Last Report
02/13/1995

4. FEI Number

59-2341054

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$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

**ROGERS, R. SCOTT
2202 12TH AVENUE
VERO BEACH FL 32960**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

5700 W. Midway Road

84 City

Ft. Pierce

FL

85 Zip Code

34981

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

R. Scott Rogers

President/Director

4-26-96

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

12. TITLE ☐ DELETE

NAME **D ROGERS, JAMES L III**
STREET ADDRESS **200 COCONUT PALM ROAD**
CITY-ST-ZIP **VERO BEACH FL 32963**

TITLE ☐ DELETE

NAME **PD ROGERS, R. SCOTT**
STREET ADDRESS **2202 12TH AVENUE**
CITY-ST-ZIP **VERO BEACH FL 32960**

TITLE ☐ DELETE

NAME **TD ROGERS, MARY M**
STREET ADDRESS **200 COCONUT PALM ROAD**
CITY-ST-ZIP **VERO BEACH FL 32963**

TITLE ☐ DELETE

NAME **D GARAVALLA, ELIZABETH R**
STREET ADDRESS **2202 12TH AVE.**
CITY-ST-ZIP **VERO BEACH FL 32960**

TITLE ☐ DELETE

NAME **D CAMPIONE, ANNA R**
STREET ADDRESS **2202 12TH AVE.**
CITY-ST-ZIP **VERO BEACH FL 32960**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**PO Box 12969
Ft. Pierce, FL 34979**

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Ft. Pierce, FL 34979**

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Ft. Pierce, FL 34979**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

R. Scott Rogers

President/Director

4-26-96

(407) 464-6575

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Day/Time Phone #

CR2E034 (12/95)