FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 JUL -5 AM 8:46

SEC[illegible] STATE
TALLA[illegible], FLORIDA

DOCUMENT # M57671 (3)

1. Corporation Name
FLORIDA CITRUS PRODUCTS, INC.

Principal Place of Business	Mailing Address
PO BOX 900160 HOMESTEAD FL 33090 US	PO BOX 900160 HOMESTEAD FL 33090 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/19/1987
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21
Suite, Apt. # etc.
22
City & State
23
24 25

2a. Mailing Address
26
Suite, Apt. # etc.
27
City & State
28
29 30

4. FEI Number: 65-0107766
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 elected to participate in the provisions of Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

DOTTIE ZAHARAKO
18400 S.W. 256TH ST.
DRAWER 9
HOMESTEAD FL 33090

10. Name and Address of New Registered Agent

81 Name: Corporation Company of Miami
82 Street Address (P.O. Box Number is Not Accepted): 201 S. Biscayne Boulevard
83 1600 Miami Center
84 City: Miami FL 85 Zip Code: 33131

11. Pursuant to the provisions of Section(s) 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. CORPORATION COMPANY OF MIAMI

SIGNATURE: By: Jill Zamas, Asst. Sec.

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1 TITLE: PD 2 NAME: WILSON, J.D. BRUCE 3 STREET ADDRESS: 4330 LENNOX DR 4 CITY ST ZIP: COCONUT GROVE FL	1 TITLE: President, Director ☑ Change ☐ Addition 2 NAME: Brucks, N.P. 3 STREET ADDRESS: 18400 SW 256 St 4 CITY ST ZIP: Homestead FL 33040
5 TITLE: D 6 NAME: WALZ, RICHARD G 7 STREET ADDRESS: 4225 LENNOX DR. 8 CITY ST ZIP: COCONUT GROVE FL	5 TITLE: Secretary, Director ☑ Change ☐ Addition 6 NAME: Kehle, George 7 STREET ADDRESS: 6020 SW 5 St 8 CITY ST ZIP: Vero Beach FL 32968
9 TITLE: 10 NAME: 11 STREET ADDRESS: 12 CITY ST ZIP:	9 TITLE: ☐ Change ☐ Addition 10 NAME: 11 STREET ADDRESS: 12 CITY ST ZIP:
13 TITLE: 14 NAME: 15 STREET ADDRESS: 16 CITY ST ZIP:	13 TITLE: ☐ Change ☐ Addition 14 NAME: 15 STREET ADDRESS: 16 CITY ST ZIP:
17 TITLE: 18 NAME: 19 STREET ADDRESS: 20 CITY ST ZIP:	17 TITLE: ☐ Change ☐ Addition 18 NAME: 19 STREET ADDRESS: 20 CITY ST ZIP:
21 TITLE: 22 NAME: 23 STREET ADDRESS: 24 CITY ST ZIP:	21 TITLE: ☐ Change ☐ Addition 22 NAME: 23 STREET ADDRESS: 24 CITY ST ZIP:

14. I hereby certify that the information supplied with this filing is absolutely true and correct (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 above, or on an attachment with an X in the box.

SIGNATURE: [signature] 305-247-3544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

01119350 CP