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Apr 25 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # M57671

(3)

1. Corporation Name

FLORIDA CITRUS PRODUCTS, INC.

Principal Place of Business

Mailing Address

PO BOX 800760

PO BOX 800760

HOMESTEAD FL 33080

HOMESTEAD FL 33080-0760

US

US

2. Principal Place of Business

2a. Mailing Address

21 18400 S.W. 256 St.

26 18400 S.W. 256 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Homestead, FL

28 Homestead, FL

Zip

Country

Zip

Country

24 33031

25 USA

29 33031

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/19/1987

3a. Date of Last Report

04/29/1996

4. FEI Number

65-0107760 65-0107662

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

10. Name and Address of New Registered Agent

CORPORATION COMPANY OF MIAMI  
201 S. BISCAYNE BLVD.  
1600 MIAMI CENTER  
MIAMI FL 33131

81 Name

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

83

84 City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD BROOKS, N.P. DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
18400 SW 256 ST  
HOMESTEAD FL

1.1 TITLE Change Addition

TITLE SD KAHLE, GEORGE DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
60210 SW 5 ST.  
VERO BEACH FL

2.1 TITLE Change Addition

TITLE DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

3.1 TITLE Change Addition

TITLE DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

4.1 TITLE Change Addition

TITLE DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE Change Addition

TITLE DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE Change Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do 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 included 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/97

Date

Daytime Phone #

805  
247-3544

CR2E034 (9/96)