## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT **CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jun 18 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

N94000004179 (7) DOCUMENT #

FLORIDA CITRUS MARKETERS COOPERATIVE, INC.

1501						
Principal Place	e of Business	Mailing Address			1911) 961); 982)) 881)) 8189) 1387) 1881) 1817 196)	
2000 N KING I FT PIERCE FL		2000 N KING HWY FT PIERCE FL 34951-4017			· .	
				3. Date Incorporated or Qualific 08/25/1994	3a. Date of Last Report 05/01/1996	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number 65-0517170	Applied For Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	e	City & State		6. Election Campaign Financing Trust Fund Contribution	9 \$5.00 May Be Added to Fees	
Zip .	Country 25	<b>Z</b> ip	Country 30	This corporation has liability     Florida Statutes	for intangible tax under s. 199.032,  X Yes  No	
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New	Registered Agent	
ROE, QUENTIN J 2000 N KING HWY FT PIERCE FL 34951			81 Name JOI 82 Street Add; 490	HN I. MINTON less (P.O. Box Number is Not Acceptable) 05 4TH STREET		
	10E FL 34831		R4 City	DO DE LOU	85 Zip Code	
1				ERO BEACH	FL 32962	
11. Pursuant	to the provisions of Sections 617.05 registered agent, or both, in the 31st	02 and 617.1508, Florida Statute e of Florida. Such change was a	es, the above-named corp athorized by the corporat	poration submits this statement for ti tion's board of directors. I hereby ac	ne purpose of changing its registered appointment as registered	
agent. I a	im familiar with, and accept the obli	ations of Section 617.0503, Flo	rida Statutes.	,		
SIGNATURE .	<i>L</i>	U W /			/29/97	
} <del></del>	Signature, typed or printed name of registered a	pent and title it applicable. (NOTE  ND DIRECTORS	Registered Agent signature require 13.		DATE FICERS AND DIRECTORS IN 12	
12.	D . UFFICIENTS AF	ND DIRECTORS  DELETE	1.1 TITLE	ADDITIONS/CHANGES TO O	Change Addition	
NAME	ROE, QUENTIN J	Z. Diccip	1.2 NAME			
STREET ADDRESS	500 AVE R, SW		1.3 STREET ADDRESS			
1	WINTER HAVEN FL 33881		1			
CITY-ST-ZIP TITLE	D	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition	
	MINTON, JOHN L				C ontaining C Mountain	
NAME	2000 N KING HWY		2.2 NAME			
STREET ADDRESS	FT PIERCE FL 34951		2.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	D D	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		Change Addition	
NAME	MYERS, C.B. III	- Dittie	3.1 TITLE 3.2 NAME		The second of the second	
1	130 E CENTRAL AVE		3.2 NAME 3.3 STREET ADDRESS			
STREET ADORESS	LAKE WALES FL 33853					
CITY-ST-ZIP TITLE	D	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition	
NAME	ESTEL W. KELLEY		4. 2 NAME			
STREET ADDRESS	131 WODEN WAY, S	R	4.3 STREET ADDRESS		j	
CITY-ST-ZIP	WINTER HAVEN, FL		4.4 CITY-ST-ZIP			
TITLE	Managar Intrated his	DELETE	5.1 TITLE		Change Addition	
NAME	]	<b>*****</b> **	5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-2IP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE		Change Addition	
NAME	<u> </u>		6.2 NAME			
OTOCET ANODECC			R 2 CTDECT ADODECC			

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), Floride 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on ap at a chapter of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on ap at a chapter of the corporation of the receiver of the receiver

6.4 CITY - ST - ZIP