

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

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N95000001627 (7)

1. Corporation Name

FLORIDA CITRUS HARVESTING MANAGER'S ASSOCIATION, INC.



Principal Place of Business

3155 WINTER LAKE ROAD  
LAKELAND FL 33803

Mailing Address

3155 WINTER LAKE ROAD  
LAKELAND FL 33803

3. Date Incorporated or Qualified  
04/03/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-3333944

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$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

10. Name and Address of New Registered Agent

GIDDENS, MIKE  
3155 WINTER LAKE ROAD  
LAKELAND FL 33803

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

*Mike Giddens*

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

(NOTE: Registered Agent signature required when reinstating)

May 28, 1996

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	GIDDENS, MIKE	
STREET ADDRESS	3155 WINTER LAKE ROAD	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TOWNSEND, CHET	
STREET ADDRESS	3883 LAMM ROAD	
CITY-ST-ZIP	IMMOKALEE FL 33934	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HUNT, ELLIS	
STREET ADDRESS	POST OFFICE BOX 631 N/A	
CITY-ST-ZIP	LAKE WALES FL 33859	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BREWER, JERRY	
STREET ADDRESS	POST OFFICE BOX 158 N/A	
CITY-ST-ZIP	FROSTPROOF FL 38843	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WALSEY, CHUCK	
STREET ADDRESS	POST OFFICE BOX 1057 N/A	
CITY-ST-ZIP	LOXAHATCHEE FL 33420	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WISE, TRAVIS	
STREET ADDRESS	4242 GEORGE BOULEVARD	
CITY-ST-ZIP	SEBRING FL 33872	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Mike Giddens*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 28, 1996 941-666-1131

DATE

Daytime Phone #

CR2E037 (12/95)