

FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N95000001627 (7)**

1. Corporation Name

**FLORIDA CITRUS HARVESTING MANAGER'S ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**3155 WINTER LAKE ROAD  
LAKELAND FL 33803**

**3155 WINTER LAKE ROAD  
LAKELAND FL 33803-9783**



3. Date Incorporated or Qualified  
**04/03/1995**

3a. Date of Last Report  
**06/03/1996**

2. Principal Place of Business

2a. Mailing Address

**21 2535 LAKE LILLIAN DR.**

**26 2535 LAKE LILLIAN DR.**

4. FEI Number  
**59-3333944**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

City & State

City & State

**23 AVON PARK, FLA.**

**28 AVON PARK, FLA**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

Zip **24 33825**

Country **25 Highlands**

Zip **29 33825**

Country **30 Highlands**

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

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

**MICHAEL GIDDENS**  
(NOTE: Registered Agent signature required when reinstating)

**April 23, 1997**  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GIDDENS, MIKE</b>	
STREET ADDRESS	<b>3155 WINTER LAKE ROAD</b>	
CITY - ST - ZIP	<b>LAKELAND FL 33803</b>	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HUNT, ELLIS</b>	
STREET ADDRESS	<b>POST OFFICE BOX 631 N/A</b>	
CITY - ST - ZIP	<b>LAKE WALES FL 33859</b>	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BREWER, JERRY</b>	
STREET ADDRESS	<b>POST OFFICE BOX 158 N/A</b>	
CITY - ST - ZIP	<b>FROSTPROOF FL 38843</b>	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WALSEY, CHUCK</b>	
STREET ADDRESS	<b>POST OFFICE BOX 1057 N/A</b>	
CITY - ST - ZIP	<b>LOXAHATCHEE FL 33420</b>	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WISE, TRAVIS</b>	
STREET ADDRESS	<b>4242 GEORGE BOULEVARD</b>	
CITY - ST - ZIP	<b>SEBRING FL 33872</b>	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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 does 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Michael Giddens*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**April 23, 1997** 941-453-4133  
Date Daytime Phone # 0052895

CR2E037 (9/96)