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May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 Mailing Address
3155 WINTER LAKE ROAD LAKELAND FL 33803 3155 WINTER LAKE ROAD LAKELAND FL 33803-9763

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.
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State 23 AVON PARK, FLA. 28 AVON PARK, FLA.
Zip Country 24 33825 25 Highlands 29 33825 30 Highlands

4. FEI Number 59-3333944 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

9. Name and Address of Current Registered Agent
GIDDENS, MIKE
3155 WINTER LAKE ROAD
LAKELAND FL 33803

10. Name and Address of New Registered Agent
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 MICHAEL GIDDENS April 23, 1997
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | |
|----------------------------|--------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | GIDDENS, MIKE | |
| STREET ADDRESS | 3155 WINTER LAKE ROAD | |
| CITY - ST - ZIP | LAKELAND FL 33803 | |
| 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 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|--|---|
| 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 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 MICHAEL GIDDENS April 23, 1997 941-453-4133
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0052695

CR2E037 (9/96)