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Annual Report

Filed 1-27-98

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Jan 27 1998 8:00am

Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # ~~010024~~ (1)
1. Corporation Name
FLORIDA CITRUS PROCESSORS ASSOCIATION



Principal Place of Business	Mailing Address
490 3RD ST N W WINTER HAVEN FL 33881-0401	490 3RD ST N W WINTER HAVEN FL 33881-0401

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/13/1937	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-0245873	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BEASLEY, JR. CLIFFORD C. 921 PIEDMONT DRIVE SE WINTER HAVEN FL 33880		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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	NAME	1.1 TITLE	1.2 NAME
NAME	STREET ADDRESS	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
CITY-ST-ZIP	WINTER HAVEN FL	2.1 TITLE	2.2 NAME
		2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE	NAME	3.1 TITLE	3.2 NAME
NAME	STREET ADDRESS	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
CITY-ST-ZIP	BRADENTON FL	4.1 TITLE	4.2 NAME
TITLE	NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
NAME	STREET ADDRESS	5.1 TITLE	5.2 NAME
CITY-ST-ZIP	INDIANTOWN FL	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE	NAME	6.1 TITLE	6.2 NAME
NAME	STREET ADDRESS	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
CITY-ST-ZIP	FORT PIERCE FL	7.1 TITLE	7.2 NAME
TITLE	NAME	7.3 STREET ADDRESS	7.4 CITY-ST-ZIP
NAME	STREET ADDRESS	8.1 TITLE	8.2 NAME
CITY-ST-ZIP	WINTER HAVEN FL	8.3 STREET ADDRESS	8.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 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

Clifford C. Beasley Jr

c vi

1/10/98

Date

941/293-4171

Daytime Phone

0410075

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