


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000114195	
1. Entity Name ALL-FLORIDA CITRUS GROWERS ASSOCIATION, INC.	

Principal Place of Business 2702 LUST RD APOPKA, FL 32703	Mailing Address 2702 LUST RD APOPKA, FL 32703
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01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 08-0400241	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LATHAM, PETER G 390 N ORANGE AVE, STE 600 ORLANDO, FL 32801
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**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAUGLE, JOHN H P.O. BOX 11248 TAMPA, FL 33680
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLMES, WILLIAM R 543 CORNALL RD WINTER PARK, FL 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARNOLD, MONROE 14627 NW 34 TERR OKEECHOBEE, FL 34972
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLONTS, REX 2702 LUST RD APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/15/04-80027-024 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: W. Rex Clonts, Jr. - PAGE 1-12-04 407-886-2490
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #