

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P21599 (6)

1. Corporation Name

CHIQUITA TROPICAL PRODUCTS COMPANY



Principal Place of Business

Mailing Address

C/O TAX DEPARTMENT  
250 E FIFTH ST. 27TH FLOOR  
CINCINNATI OH 45202

C/O TAX DEPARTMENT  
250 E FIFTH ST. 27TH FLOOR  
CINCINNATI OH 45202

3. Date Incorporated or Qualified  
11/02/1988

3a. Date of Last Report  
03/08/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number  
13-3286313

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

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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 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 PD ☒ DELETE  
NAME KISTINGER, ROBERT  
STREET ADDRESS 250 E 5TH ST.  
CITY-ST-ZIP CINCINNATI OH

1.1 TITLE PD ☐ Change ☐ Addition  
1.2 NAME Anthony D. Battaglia  
1.3 STREET ADDRESS 250 East Fifth Street  
1.4 CITY-ST-ZIP Cincinnati, OH 45202

TITLE VD ☒ DELETE  
NAME DEARTH, ROBERT A  
STREET ADDRESS 250 E 5TH ST.  
CITY-ST-ZIP CINCINNATI OH

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE VD ☐ DELETE  
NAME TSACALIS, WILLIAM A.  
STREET ADDRESS 250 E 5TH ST.  
CITY-ST-ZIP CINCINNATI OH

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE V ☐ DELETE  
NAME LIGAN, WARREN J.  
STREET ADDRESS 250 E FIFTH ST  
CITY-ST-ZIP CINCINNATI OH

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE VSD ☒ DELETE  
NAME MORGAN, CHARLES R.  
STREET ADDRESS 250 E 5TH ST.  
CITY-ST-ZIP CINCINNATI OH

5.1 TITLE VSD ☐ Change ☐ Addition  
5.2 NAME Robert W. Olson  
5.3 STREET ADDRESS 250 East Fifth Street  
5.4 CITY-ST-ZIP Cincinnati, OH 45202

TITLE VT ☐ DELETE  
NAME KONDRITZER, GERALD R  
STREET ADDRESS 250 E 5TH ST.  
CITY-ST-ZIP CINCINNATI OH

6.1 TITLE ☐ Change ☐ 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Warren J. Ligan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/96

Date

(513) 784-8727

Daytime Phone #

CR2E034 (12/95)