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May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P31712** (3)

1. Corporation Name
CHIKUITA GULF CITRUS, INC.

Principal Place of Business
**C/O TAX DEPARTMENT, 27TH FLOOR
250 E FIFTH ST
CINCINNATI OH 45202**

Mailing Address
**C/O TAX DEPARTMENT, 27TH FLOOR
250 E FIFTH ST
CINCINNATI OH 45202**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/05/1990

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24. Zip

Country

29. Zip

Country

25. Zip

Country

30. Zip

Country

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. City

84. Zip Code

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

TITLE **PD** ☒ DELETE

NAME **BATTAGLIA, ANTHONY D**
STREET ADDRESS **250 E 5TH ST**
CITY-ST-ZIP **CINCINNATI OH**

TITLE **VD** ☐ DELETE

NAME **TSACALIS, WILLIAM A.**
STREET ADDRESS **250 E 5TH ST**
CITY-ST-ZIP **CINCINNATI OH**

TITLE **VDS** ☐ DELETE

NAME **OLSON, ROBERT W**
STREET ADDRESS **250 EAST FIFTH STREET**
CITY-ST-ZIP **CINCINNATI OH**

TITLE **TV** ☐ DELETE

NAME **KONDRITZER, GERALD R.**
STREET ADDRESS **250 E 5TH ST**
CITY-ST-ZIP **CINCINNATI OH**

TITLE **V** ☐ DELETE

NAME **LIGAN, WARREN J**
STREET ADDRESS **250 EAST FIFTH STREET**
CITY-ST-ZIP **CINCINNATI OH**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(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 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

4/6/98

(513) 784-8727

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone # 0600814

CR2E034 (10/97)