

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P31712

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

4. FEI Number

31-1304756

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 owes the current year intangible
Personal Property Tax.

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

9. Name and Address of Current 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

TITLE PD
NAME BATTAGLIA, ANTHONY D
STREET ADDRESS 250 E 5TH ST
CITY-STATE-ZIP CINCINNATI OH
☒ DELETE

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

TITLE VDS
NAME OLSON, ROBERT W
STREET ADDRESS 250 EAST FIFTH STREET
CITY-STATE-ZIP CINCINNATI OH
☐ DELETE

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

TITLE PD
NAME LIGAN, WARREN J
STREET ADDRESS 250 EAST FIFTH STREET
CITY-STATE-ZIP CINCINNATI OH
☐ DELETE

TITLE V
NAME TATE, JOHN M
STREET ADDRESS 250 E 5TH ST
CITY-STATE-ZIP CINCINNATI OH
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME JUDITH A. LEMKE
1.3 STREET ADDRESS 250 EAST FIFTH STREET
1.4 CITY-STATE-ZIP CINCINNATI OH 45202
☐ Change ☒ Addition

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

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

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

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP
☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)