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 # **P34029** **(9)**

1. Corporation Name

PUNTA GORDA CITRUS GROWERS' ASSOCIATION

Principal Place of Business

TALACHKER 29
CH-8001 ZURICH SW
US

Mailing Address

6117 ELLIOTT STREET
PUNTA GORDA FL 33950
US

3. Date Incorporated or Qualified: **05/21/1991**

3a. Date of Last Report: **04/03/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **NOT APPLICABLE** — 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

SCHWARZ, STEPHEN DEH.
21229 OLEAN BLVD.
SUITE B
PORT CHARLOTTE FL 33952

10. Name and Address of New Registered Agent

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 607.0302 and 607.1506, 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 of Registered Agent required when registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	JANSEN, WALTER	1.2 NAME	
STREET ADDRESS	TALACKER 29	1.3 STREET ADDRESS	
CITY, ST, ZIP	ZURICH, SWITZERLAND	1.4 CITY, ST, ZIP	
TITLE	VD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BIEDERMANN, JOSEF	2.2 NAME	
STREET ADDRESS	TALACKER 29	2.3 STREET ADDRESS	
CITY, ST, ZIP	ZURICH, SWITZERLAND	2.4 CITY, ST, ZIP	
TITLE	VD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SOLINSKI, HELMUT A.	3.2 NAME	
STREET ADDRESS	6109 ELLIOTT STREET	3.3 STREET ADDRESS	
CITY, ST, ZIP	PUNTA GORDA FL	3.4 CITY, ST, ZIP	
TITLE	V ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	GAUTSCHY, HEINER DR.	4.2 NAME	
STREET ADDRESS	TALACKER 29	4.3 STREET ADDRESS	
CITY, ST, ZIP	ZURICH SW	4.4 CITY, ST, ZIP	
TITLE	S ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	WOHNLICH, JOHN	5.2 NAME	
STREET ADDRESS	3555 FT. CHARLES DRIVE	5.3 STREET ADDRESS	
CITY, ST, ZIP	NAPLES FL	5.4 CITY, ST, ZIP	
TITLE	T ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	SCHULER, CONSTANTIN DR.	6.2 NAME	
STREET ADDRESS	TALACKER 29	6.3 STREET ADDRESS	
CITY, ST, ZIP	ZURICH SW	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: John Wohnlich 2-10-96 (941) 637-0055 (941) 261-7863

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)