

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
95 JUN 13 AM 10:45

**DOCUMENT # P35979 (4)**

1. Corporation Name  
**C&G CITRUS COMPANY**

Principal Place of Business	Mailing Address
COUNTY ROAD 555 P. O. BOX 208 BARTOW FL 33830 US	701 HARGER RD. SUITE 190 OAK BROOK IL 60521 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>10/17/1991</b>		3a. Date of Last Report <b>04/07/1994</b>	
4. FEI Number <b>36-3779440</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
6. This corporation has liability for insurance tax under S. 195.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business		2a. Mailing Address	
21 Suito, Apt. #, etc.	26 Suito, Apt. #, etc.	22 City & State	27 City & State
23 Zip	25 Country	28 Zip	30 Country

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when resigning.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAVIS, JOSEPH E.</b>	1.2 NAME	
STREET ADDRESS	<b>COUNTY ROAD 555</b>	1.3 STREET ADDRESS	
CITY ST ZIP	<b>BARTOW FL</b>	1.4 CITY ST ZIP	
TITLE	<b>VD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CORCORAN, J. S.</b>	2.2 NAME	
STREET ADDRESS	<b>701 HARGER ROAD, #190</b>	2.3 STREET ADDRESS	
CITY ST ZIP	<b>OAK BROOK IL</b>	2.4 CITY ST ZIP	
TITLE	<b>VS</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MONSON, THOMAS A.</b>	3.2 NAME	
STREET ADDRESS	<b>701 HARGER ROAD, #190</b>	3.3 STREET ADDRESS	
CITY ST ZIP	<b>OAK BROOK IL</b>	3.4 CITY ST ZIP	
TITLE	<b>T</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KRANTZ, ARTHUR H.</b>	4.2 NAME	
STREET ADDRESS	<b>701 HARGER ROAD, #190</b>	4.3 STREET ADDRESS	
CITY ST ZIP	<b>OAK BROOK IL</b>	4.4 CITY ST ZIP	
TITLE	<b>D</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GUSTAFSON, F. EDWARD</b>	5.2 NAME	
STREET ADDRESS	<b>701 HARGER ROAD, #190</b>	5.3 STREET ADDRESS	
CITY ST ZIP	<b>OAK BROOK IL</b>	5.4 CITY ST ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		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 110.07(3)(b), 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: Thomas A. Monson, V.P. **5/11/95** **708-575-2337**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone