

**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 # **P35979 (4)**

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



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

3. Date Incorporated or Qualified: 10/17/1991  
3a. Date of Last Report: 06/12/1995  
4. FEI Number: 36-3779440  
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

2. Principal Place of Business: 21 1857 Keller Road, Suite, Apt. #, etc. 22 Ft. Meade, FL 23 33841  
2a. Mailing Address: 26 Suite, Apt. #, etc. 27  
28 City & State: 29  
25 Country: US 29 Zip: 30

9. Name and Address of Current Registered Agent  
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
110 NORTH MAGNOLIA STREET  
TALLAHASSEE FL 32301**

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 607.0502 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 their agent) DATE: \_\_\_\_\_ (Date Registered Agent Signature Required when not stating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	DAVIS, JOSEPH E.	
STREET ADDRESS	COUNTY ROAD 555	
CITY-ST-ZIP	BARTOW FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CORCORAN, J. S.	
STREET ADDRESS	701 HARGER ROAD, #190	
CITY-ST-ZIP	OAK BROOK IL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	MONSON, THOMAS A.	
STREET ADDRESS	701 HARGER ROAD, #190	
CITY-ST-ZIP	OAK BROOK IL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	KRANTZ, ARTHUR H.	
STREET ADDRESS	701 HARGER ROAD, #190	
CITY-ST-ZIP	OAK BROOK IL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GUSTAFSON, F. EDWARD	
STREET ADDRESS	701 HARGER ROAD, #190	
CITY-ST-ZIP	OAK BROOK IL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
11 TITLE	President	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12 NAME	John Connally Barnett, Jr.		
13 STREET ADDRESS	1857 Keller Road		
14 CITY-ST-ZIP	Ft. Meade, FL 33841-9351		
21 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
22 NAME			
23 STREET ADDRESS			
24 CITY-ST-ZIP			
31 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP			
41 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
62 NAME			
63 STREET ADDRESS			
64 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: Thomas A. Monson Thomas A. Monson, VP 2/19/96 (708) 575-2337  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (By Tele. Phone #)

CR2E034 (12/95)