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**Mar 18 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



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

**1857 KELLER ROAD  
P. O. BOX 208  
FT MEADE FL 33841  
US**

Mailing Address

**701 HARGER RD.  
SUITE 190  
OAK BROOK IL 60521-1490  
US**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
110 NORTH MAGNOLIA STREET  
TALLAHASSEE FL 32301**

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 607.0507 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 of corporation or authorized officer (Not Applicable)

Signature of Registered Agent (Not Applicable)

DATE

12. OFFICERS AND DIRECTORS

|                |                        |  |
|----------------|------------------------|--|
| TITLE          | P                      | <input checked="" type="checkbox"/> DELETE |
| NAME           | DAVIS, JOSEPH E.       |  |
| STREET ADDRESS | COUNTY ROAD 555        |  |
| CITY-ST-ZIP    | BARTOW FL              |  |
| TITLE          | VD                     | <input checked="" type="checkbox"/> DELETE |
| NAME           | CORCORAN, J. S.        |  |
| STREET ADDRESS | 701 HARGER ROAD, #190  |  |
| CITY-ST-ZIP    | OAK BROOK IL           |  |
| TITLE          | VS                     | <input checked="" 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          | P                      | <input type="checkbox"/> DELETE            |
| NAME           | BARNETT, JOHN CONNALLY |  |
| STREET ADDRESS | 1857 KELLER ROAD       |  |
| CITY-ST-ZIP    | FT MEADE FL            |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                   |  |
|-------------------|--|
| 11 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 12 NAME           |  |
| 13 STREET ADDRESS |  |
| 14 CITY-ST-ZIP    |  |
| 21 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 22 NAME           | Vice President   |
| 23 STREET ADDRESS | Stephen M. Schuster  |
| 24 CITY-ST-ZIP    | 701 Harger Road, #190  |
| 31 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 32 NAME           |  |
| 33 STREET ADDRESS |  |
| 34 CITY-ST-ZIP    |  |
| 41 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 42 NAME           |  |
| 43 STREET ADDRESS |  |
| 44 CITY-ST-ZIP    |  |
| 51 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME           | Vice President & Director  |
| 53 STREET ADDRESS |  |
| 54 CITY-ST-ZIP    |  |
| 61 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 62 NAME           |  |
| 63 STREET ADDRESS |  |
| 64 CITY-ST-ZIP    |  |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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 this 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 change of address attachment with an address

SIGNATURE: *Stephen M. Schuster*

2/3/97

(620) 575-2810

CR2E034 (9/96)