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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **P93000062126 (6)**

1. Corporation Name
DBS CITRUS PACKING, INC.

Principal Place of Business
**1975 WEST STATE RD. 426
OVIEDO FL 32765**

Mailing Address
**P.O. BOX 620257
OVIEDO FL 32762-0257
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/03/1993	3a. Date of Last Report 03/06/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3206144	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BOZARTH, STEPHEN J
800 NORTH MAGNOLIA AVE.
SUITE 1500
ORLANDO FL 32803**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 _____ DATE _____
Signature, typed or printed name of registered agent and title (Applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	ENGLISH, HUGH	1.2 NAME	
STREET ADDRESS	1975 W. STATE ROAD 426	1.3 STREET ADDRESS	
CITY-ST-ZIP	OVIEDO FL	1.4 CITY-ST-ZIP	
TITLE	VT	2.1 TITLE	V
NAME	ASHLEY, CHARLES L.	2.2 NAME	
STREET ADDRESS	1975 W STATE ROAD 426	2.3 STREET ADDRESS	
CITY-ST-ZIP	OVIEDO FL	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	VD
NAME	MARTYN, CHARLES P III	3.2 NAME	
STREET ADDRESS	393 TEQUESTA DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	TEQUESTA FL	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	V
NAME	SNIVELY, M. PATE	4.2 NAME	
STREET ADDRESS	2288 EXECUTIVE RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	
NAME	LIVINGSTON, CALVIN J	5.2 NAME	
STREET ADDRESS	1975 WEST STATE ROAD 426	5.3 STREET ADDRESS	
CITY-ST-ZIP	OVIEDO FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	DUDA, FERDINAND S.	6.2 NAME	
STREET ADDRESS	1975 W. STATE ROAD 426	6.3 STREET ADDRESS	
CITY-ST-ZIP	OVIEDO FL	6.4 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)(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.

SIGNATURE _____

3/11/97 (607) 265-2111

CR2E034 (9/96)

DBS CITRUS PACKING, INC.

Federal I.D. No. 59-3206144

ADDITIONAL OFFICERS

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>	<u>CITY/STATE/ZIP</u>
BURG, Clifford F.	Director	7150 S.W. Kanner Hwy	Indiantown, FL 34956
CASEY, Joseph F.	Treasurer/ Asst. Secy.	1975 W. State Road 426	Oviedo, FL 32765
DUDA, David	Asst.Secy.	1975 W. State Road 426	Oviedo, FL 32765

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