

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # 844284 (0)
1. Corporation Name
DOLE CITRUS INCORPORATED



Principal Place of Business Mailing Address
**10000 MING AVE.
P.O. BOX 11183
BAKERSFIELD CA 93389** **10000 MING AVE.
P.O. BOX 11183
BAKERSFIELD CA 93389**

21 2. Principal Place of Business 10000 Ming Avenue Suite, Apt. #, etc.	22 City & State Bakersfield, CA	23 Zip 93311	24 Country USA	25 Mailing Address P.O. Box 5132 Suite, Apt. #, etc.	26 City & State Westlake Village, CA	27 Zip 91359-5132	28 Country USA
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3. Date Incorporated or Qualified 10/02/1979	3a. Date of Last Report 03/10/1995
4. FLE Number 95-3408577	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. 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
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
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 the legal officer)

(Date) Registered Agent Signature (typed or printed name)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	COSTLEY, GREGORY L	
STREET ADDRESS	10000 MING AVE	
CITY-STATE-ZIP	BAKERSFIELD CA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BATES, J. ALBERT	
STREET ADDRESS	10000 MING AVE.	
CITY-STATE-ZIP	BAKERSFIELD CA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	FIORI, KEVIN	
STREET ADDRESS	10000 MING AVE.	
CITY-STATE-ZIP	BAKERSFIELD CA	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MCKAY, PATRICIA A.	
STREET ADDRESS	31355 OAK CREST DR	
CITY-STATE-ZIP	WESTLAKE VILLAGE CA	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	TIBBITTS, J BRETT	
STREET ADDRESS	31355 OAK CREST DR	
CITY-STATE-ZIP	WESTLAKE VILLAGE CA	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	NIELSON, PATRICK A.	
STREET ADDRESS	31355 OAK CREST DR	
CITY-STATE-ZIP	WESTLAKE VILLAGE CA	

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-STATE-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Michael S. Karsner
43 STREET ADDRESS	31365 Oak Crest Drive
44 CITY-STATE-ZIP	Westlake Village, CA 91361
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	S
53 STREET ADDRESS	31365 Oak Crest Drive
54 CITY-STATE-ZIP	Westlake Village, CA 91361
61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	AT
63 STREET ADDRESS	David W. Perrigo
64 CITY-STATE-ZIP	31365 Oak Crest Drive Westlake Village, CA 91361

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 Book 12 or Book 14 if changed, or on an attachment with an address.

SIGNATURE: *David W. Perrigo*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
David W. Perrigo, Assistant Treasurer

4/10/96

818/879-6600
Daytime Phone

CR2E034 (12/95)