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**Mar 19 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 844284 (0)

1. Corporation Name
DOLE CITRUS INCORPORATED



Principal Place of Business: 10000 MING AVE. BAKERSFIELD CA 93311 US

Mailing Address: P O BOX 5132 WESTLAKE VILLAGE CA 91359-5132 US

2. Principal Place of Business (21-24)
2a. Mailing Address (25-30)

3. Date Incorporated or Qualified: 10/02/1979
3a. Date of Last Report: 05/01/1996

4. FEI Number: 95-3408577
Applied For: Not Applicable

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

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 (B1-B5)

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: _____ (NOTE: Registered Agent signature required when restating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: COSTLEY, GREGORY L	1.1 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 10000 MING AVE	CITY-ST-ZIP: BAKERSFIELD CA	1.2 NAME:	
TITLE: V	NAME: BATES, J. ALBERT	1.3 STREET ADDRESS:	93311
STREET ADDRESS: 10000 MING AVE.	CITY-ST-ZIP: BAKERSFIELD CA	1.4 CITY-ST-ZIP:	
TITLE: VP	NAME: FIORI, KEVIN	2.1 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 10000 MING AVE.	CITY-ST-ZIP: BAKERSFIELD CA	2.2 NAME:	
TITLE: T	NAME: KARSNER, MICHAEL S	2.3 STREET ADDRESS:	93311
STREET ADDRESS: 31365 OAK CREST DR	CITY-ST-ZIP: WESTLAKE VILLAGE CA	2.4 CITY-ST-ZIP:	
TITLE: S	NAME: TIBBITTS, J BRETT	3.1 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 31365 OAK CREWT DR	CITY-ST-ZIP: WESTLAKE VILLAGE CA	3.2 NAME:	
TITLE: AT	NAME: PERRIGO, DAVID W	3.3 STREET ADDRESS:	93311
STREET ADDRESS: 31365 OAK CREST DR	CITY-ST-ZIP: WESTLAKE VILLAGE CA	3.4 CITY-ST-ZIP:	
TITLE: TD	NAME: Lang, Edward A	4.1 TITLE:	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 31365 OAK CREST DR.	CITY-ST-ZIP: WESTLAKE VILLAGE, CA 91361-4634	4.2 NAME:	
TITLE: S	NAME: TIBBITTS, J BRETT	4.3 STREET ADDRESS:	91361-4634
STREET ADDRESS: 31365 OAK CREWT DR	CITY-ST-ZIP: WESTLAKE VILLAGE CA	4.4 CITY-ST-ZIP:	
TITLE: AT	NAME: PERRIGO, DAVID W	5.1 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 31365 OAK CREST DR	CITY-ST-ZIP: WESTLAKE VILLAGE CA	5.2 NAME:	
TITLE: S	NAME: TIBBITTS, J BRETT	5.3 STREET ADDRESS:	91361-4634
STREET ADDRESS: 31365 OAK CREWT DR	CITY-ST-ZIP: WESTLAKE VILLAGE CA	5.4 CITY-ST-ZIP:	
TITLE: AT	NAME: PERRIGO, DAVID W	6.1 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 31365 OAK CREST DR	CITY-ST-ZIP: WESTLAKE VILLAGE CA	6.2 NAME:	
TITLE: S	NAME: TIBBITTS, J BRETT	6.3 STREET ADDRESS:	91361-4634
STREET ADDRESS: 31365 OAK CREWT DR	CITY-ST-ZIP: WESTLAKE VILLAGE CA	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, supplementing the 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 to this address.

SIGNATURE: _____

FEB 10 1997

CR2E034 (9/96)