

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 91359-132 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/02/1979	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 95-3408577	Applied For Not Applicable
23. Zip	24. Country	28. Zip	29. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
25. Country				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
25. Country				7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

8. 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 _____ (NOIL: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COSTLEY, GREGORY L		1.2 NAME		
STREET ADDRESS	10000 MING AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	BAKERSFIELD CA		1.4 CITY-ST-ZIP	93311	
TITLE	V	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BATES, J. ALBERT		2.2 NAME		
STREET ADDRESS	10000 MING AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	BAKERSFIELD CA		2.4 CITY-ST-ZIP	93311	
TITLE	VP	<input type="checkbox"/> DELETE	3.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FIORI, KEVIN		3.2 NAME		
STREET ADDRESS	10000 MING AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	BAKERSFIELD CA		3.4 CITY-ST-ZIP	93311	
TITLE	TD	<input type="checkbox"/> DELETE	4.1 TITLE		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LANG, EDWARD A		4.2 NAME	LANG, III, EDWARD A.	
STREET ADDRESS	31365 OAK CREST DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	WESTLAKE VILLAGE CA		4.4 CITY-ST-ZIP	91361-4634	
TITLE	S	<input type="checkbox"/> DELETE	5.1 TITLE		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TIBBITTS, J BRETT		5.2 NAME		
STREET ADDRESS	31365 OAK CREWT DR		5.3 STREET ADDRESS	31365 OAK CREST DRIVE	
CITY-ST-ZIP	WESTLAKE VILLAGE CA		5.4 CITY-ST-ZIP	91361-4634	
TITLE	AT	<input type="checkbox"/> DELETE	6.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PERRIGO, DAVID W		6.2 NAME		
STREET ADDRESS	31365 OAK CREST DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	WESTLAKE VILLAGE CA		6.4 CITY-ST-ZIP	91361-4634	

14. I 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)

4/3/98

818/879-6600

CF2E034 (10/97)

Dole Citrus Incorporated

FEI No. 95-3408577

13. Additional Officers:

Title: AS
Name: Theresa L. Hoover
Street Address: 31365 Oak Crest Drive
City-St-Zip: Westlake Village, CA 91361-4634

Title: V
Name: W. Thomas Jerkins
Street Address: 6190 5th Street, S.W.
City-St-Zip: Vero Beach, FL 32968

Title: AS
Name: Janice M. Nicols
Street Address: 31365 Oak Crest Drive
City-St-Zip: Westlake Village, CA 91361-4634