


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

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Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90247 045 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 844284
 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 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Country 25	Zip 29
Country 25	Country 30

3. Date Incorporated or Qualified 10/02/1979	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
4. FEI Number 95-3408577		
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 owes the current year Intangible Personal Property Tax. <input 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	COSTLEY, GREGORY L	
STREET ADDRESS	10000 MING AVE	
CITY-ST-ZIP	BAKERSFIELD CA 93311	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BATES, J. ALBERT	
STREET ADDRESS	10000 MING AVE.	
CITY-ST-ZIP	BAKERSFIELD CA 93311	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FIORI, KEVIN	
STREET ADDRESS	10000 MING AVE.	
CITY-ST-ZIP	BAKERSFIELD CA 93311	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	LANG, III E A	
STREET ADDRESS	31365 OAK CREST DR	
CITY-ST-ZIP	WESTLAKE VILLAGE CA 91361-4634	
TITLE	S	<input type="checkbox"/> DELETE
NAME	TIBBITTS, J BRETT	
STREET ADDRESS	31365 OAK CREST DRIVE	
CITY-ST-ZIP	WESTLAKE VILLAGE CA 91361-4634	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PERRIGO, DAVID W	
STREET ADDRESS	31365 OAK CREST DR	
CITY-ST-ZIP	WESTLAKE VILLAGE CA 91361-4634	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	T Potillo, Beth
4.3 STREET ADDRESS	31365 Oak Crest Drive
4.4 CITY-ST-ZIP	Westlake Village, CA 91361-4634
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	S/D (Brett Tibbitts)
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	AT/V/D (David W. Perrigo)
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: David W. Perrigo 2/8/99 818-879-6600
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)