

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000099648

**Entity Name:** OSLO CITRUS GROWERS ASSOCIATION, INC.

**Current Principal Place of Business:**

695 S. U.S. HWY. #1  
VERO BEACH, FL 32962

**Current Mailing Address:**

P O BOX 1208  
VERO BEACH, FL 32961

**FEI Number: 59-0386260**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

EGAN, J.B. III  
695 S. U.S. HWY. #1  
VERO BEACH, FL 32962 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D, PRESIDENT  
Name SEXTON, ROBERT G  
Address 695 S. U.S. HWY. #1  
City-State-Zip: VERO BEACH FL 32962

Title D, VP  
Name BAILEY, JAMES L  
Address 695 S. U.S. HWY. #1  
City-State-Zip: VERO BEACH FL 32962

Title D  
Name SEXTON, RALPH W  
Address 695 S. U.S. HWY. #1  
City-State-Zip: VERO BEACH FL 32962

Title D, SECRETARY  
Name EGAN, J.B. III  
Address 695 S. U.S. HWY. #1  
City-State-Zip: VERO BEACH FL 32962

Title D, TREASURER  
Name MCALARNEN, MATTHEW J  
Address 695 S. U.S. HWY. #1  
City-State-Zip: VERO BEACH FL 32962

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: MATTHEW J MCALARNEN**

**TREASURER**

**01/27/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date