FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAR 10 PM 8:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/02/1979	3a. Date of Last Report: 02/15/1994
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
21 Principal Place of Business	26 Mailing Address
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country
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 SYS
1201 HAYES ST.
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ 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	
TITLE	V	2.1 TITLE	☐ Change ☐ 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	
TITLE	VP	3.1 TITLE	☐ Change ☐ 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	
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	MCKAY, PATRICIA A.	4.2 NAME	
STREET ADDRESS	31355 OAK CREST DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	WESTLAKE VILLAGE CA	4.4 CITY-ST-ZIP	
TITLE	AS	5.1 TITLE	☐ Change ☐ Addition
NAME	TIBBITTS, J BRETT	5.2 NAME	
STREET ADDRESS	31355 OAK CREST DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	WESTLAKE VILLAGE CA	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	☐ Change ☐ Addition
NAME	NIELSON, PATRICK A.	6.2 NAME	
STREET ADDRESS	31355 OAK CREST DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	WESTLAKE VILLAGE CA	6.4 CITY-ST-ZIP	

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)(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: _____ 2/14/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0491003 PN