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Mar 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # **844284** **(0)**

1. Corporation Name
DOLE CITRUS INCORPORATED

Principal Place of Business	Mailing Address
10000 MING AVE. BAKERSFIELD CA 93311 US	P O BOX 5132 WESTLAKE VILLAGE CA 91359-5132 US

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

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29 — Country — 25 / 30

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

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	☐ DELETE	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	93311	
TITLE	V	☐ DELETE	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	93311	
TITLE	VP	☐ DELETE	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	93311	
TITLE	T	☒ DELETE	4.1 TITLE	TD	☐ Change ☒ Addition
NAME	KARSNER, MICHAEL S		4.2 NAME	Lang, Edward A	
STREET ADDRESS	31365 OAK CREST DR		4.3 STREET ADDRESS	31365 Oak Crest Dr.	
CITY-ST-ZIP	WESTLAKE VILLAGE CA		4.4 CITY-ST-ZIP	Westlake Village, CA 91361-4634	
TITLE	S	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	TIBBITTS, J BRETT		5.2 NAME		
STREET ADDRESS	31365 OAK CREWT DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	WESTLAKE VILLAGE CA		5.4 CITY-ST-ZIP	91361-4634	
TITLE	AT	☐ DELETE	6.1 TITLE		☒ Change ☐ 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 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 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. FEB 10 199

SIGNATURE: _____ 818/879-6600

CR2E034 (9/96)