

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

APPROVED  
95 FEB 13 PM 2:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION ANNUAL REPORT 1995**



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

**DOCUMENT # F94580 (0)**  
1. Corporation Name  
**PACKERS CITRUS SALES, INC.**

Principal Place of Business: **R. SCOTT ROGERS, 2202 12th Avenue, Vero Beach, FL 32960**  
Mailing Address: **R. SCOTT ROGERS, 2202 12th Avenue, Vero Beach, FL 32960**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **8-13-1982**  
3a. Date of Last Report: **9-27-1994**

4. FEI Number: **59-2341054**  
Applied For:  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

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

9. Name and Address of Current Registered Agent  
**ROGERS, R. SCOTT, 2202 12th Avenue, Vero Beach, FL 32960**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City, 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 constituting) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	Rogers, James L., III
STREET ADDRESS	200 Coconut Palm Road
CITY-ST-ZIP	Vero Beach, FL 32963
TITLE	PD
NAME	Rogers, R. Scott
STREET ADDRESS	2202 12th Avenue
CITY-ST-ZIP	Vero Beach, FL 32960
TITLE	TD
NAME	Rogers, Mary M.
STREET ADDRESS	200 Coconut Palm Road
CITY-ST-ZIP	Vero Beach, FL 32963
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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	<b>100001406371</b>
2.3 STREET ADDRESS	<b>-02/14/95--01111--006</b>
2.4 CITY-ST-ZIP	<b>***\$600.00 ***\$200.00</b>
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	<b>D Garavaglia, Elizabeth Rogers</b>
4.3 STREET ADDRESS	<b>2202 12th Avenue</b>
4.4 CITY-ST-ZIP	<b>Vero Beach, FL 32960</b>
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>D Campione, Anna Rogers</b>
5.3 STREET ADDRESS	<b>2202 12th Avenue</b>
5.4 CITY-ST-ZIP	<b>Vero Beach, FL 32960</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>deb</b>
6.3 STREET ADDRESS	<b>2-13</b>
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 110.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: R. Scott Rogers **R. Scott Rogers** 2-9-95 (1407) 562-3671