

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

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



Principal Place of Business Mailing Address
R. SCOTT ROGERS
2202 12TH AVENUE
VERO BEACH FL 32960

3. Date Incorporated or Qualified **08/13/1982** 3a. Date of Last Report **02/13/1995**
4. FEI Number **59-2341054** 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 2a. Mailing Address
21 **5700 West Midway Rd** 26 **P.O. Box 12969**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 **Ft. Pierce, Fla.** 28 **Ft. Pierce, Fla.**
24 **34979** 25 Country 29 **34979** 30 Country

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)
5700 W. Midway Road
83
84 City **Ft. Pierce** FL 85 Zip Code **34981**

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 *R. Scott Rogers* **President/Director** **4-26-96**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	ROGERS, JAMES L III
STREET ADDRESS	200 COCONUT PALM ROAD
CITY-ST-ZIP	VERO BEACH FL 32963
TITLE	PD <input type="checkbox"/> DELETE
NAME	ROGERS, R. SCOTT
STREET ADDRESS	2202 12TH AVENUE
CITY-ST-ZIP	VERO BEACH FL 32960
TITLE	TD <input type="checkbox"/> DELETE
NAME	ROGERS, MARY M
STREET ADDRESS	200 COCONUT PALM ROAD
CITY-ST-ZIP	VERO BEACH FL 32963
TITLE	D <input type="checkbox"/> DELETE
NAME	GARAVALIA, ELIZABETH R
STREET ADDRESS	2202 12TH AVE.
CITY-ST-ZIP	VERO BEACH FL 32960
TITLE	D <input type="checkbox"/> DELETE
NAME	CAMPIONE, ANNA R
STREET ADDRESS	2202 12TH AVE.
CITY-ST-ZIP	VERO BEACH FL 32960
TITLE	<input type="checkbox"/> DELETE
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	PO Box 12969
2.4 CITY-ST-ZIP	Ft. Pierce, FL 34979
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	PO Box 12969
4.4 CITY-ST-ZIP	Ft. Pierce, FL 34979
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	PO Box 1296A
5.4 CITY-ST-ZIP	Ft. Pierce, FL 34979
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(k), 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: *R. Scott Rogers* **President/Director** **4-26-96** (407) 464-6575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E034 (12/95)