

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 # **P31712** (3)

1. Corporation Name
CHIQUITA GULF CITRUS, INC.



Principal Place of Business: C/O TAX DEPARTMENT, 27TH FLOOR, 250 E FIFTH ST, CINCINNATI OH 45202
Mailing Address: C/O TAX DEPARTMENT, 27TH FLOOR, 250 E FIFTH ST, CINCINNATI OH 45202

3. Date Incorporated or Qualified: **11/05/1990**
3a. Date of Last Report: **02/28/1995**
4. FEI Number: **31-1304756**
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: 27
Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 (NOT: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BATTAGLIA, ANTHONY D	
STREET ADDRESS	250 E 5TH ST	
CITY-ST-ZIP	CINCINNATI OH	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	TSACALIS, WILLIAM A.	
STREET ADDRESS	250 E 5TH ST	
CITY-ST-ZIP	CINCINNATI OH	
TITLE	VDS	<input checked="" type="checkbox"/> DELETE
NAME	MORGAN, CHARLES R.	
STREET ADDRESS	250 E 5TH ST	
CITY-ST-ZIP	CINCINNATI OH	
TITLE	TV	<input type="checkbox"/> DELETE
NAME	KONDRITZER, GERALD R.	
STREET ADDRESS	250 E 5TH ST	
CITY-ST-ZIP	CINCINNATI OH	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LIGAN, WARREN J	
STREET ADDRESS	250 EAST FIFTH STREET	
CITY-ST-ZIP	CINCINNATI OH	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	VDS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Robert W. Olson	
3.3 STREET ADDRESS	250 East Fifth Street	
3.4 CITY-ST-ZIP	Cincinnati, OH 45202	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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: **Warren J. Ligan** *Warren J. Ligan* 4/12/96 (513) 784-8727
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)