

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

UP 4/95

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P31712

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/05/1990

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 owes the current year intangible Personal Property Tax. Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 26 27 28 29 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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **PD BATTAGLIA, ANTHONY D**

STREET ADDRESS **250 E 5TH ST**

CITY-ST-ZIP **CINCINNATI OH**

TITLE DELETE

NAME **VD TSACALIS, WILLIAM A.**

STREET ADDRESS **250 E 5TH ST**

CITY-ST-ZIP **CINCINNATI OH**

TITLE DELETE

NAME **VDS OLSON, ROBERT W**

STREET ADDRESS **250 EAST FIFTH STREET**

CITY-ST-ZIP **CINCINNATI OH**

TITLE DELETE

NAME **TV KONDRITZER, GERALD R.**

STREET ADDRESS **250 E 5TH ST**

CITY-ST-ZIP **CINCINNATI OH**

TITLE DELETE

NAME **PD LIGAN, WARREN J**

STREET ADDRESS **250 EAST FIFTH STREET**

CITY-ST-ZIP **CINCINNATI OH**

TITLE DELETE

NAME **V TATE, JOHN M**

STREET ADDRESS **250 E 5TH ST**

CITY-ST-ZIP **CINCINNATI OH**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME **JUDITH A. LEMKE**

1.3 STREET ADDRESS **250 EAST FIFTH STREET**

1.4 CITY-ST-ZIP **CINCINNATI OH 45202**

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: *Judith Lemke* **JUDITH A. LEMKE** DATE: **3/24/99** DAYTIME PHONE #: **(513) 784-8727**

CR2E034 (1/98)