

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
**95 APR -3 PM 5:50**

**DOCUMENT # P34029 (9)**  
1. Corporation Name  
**PUNTA GORDA CITRUS GROWERS' ASSOCIATION**

Principal Place of Business	Mailing Address
TALACKER 29 CH-8001 ZURICH SW US	6117 ELLIOTT STREET PUNTA GORDA FL 33950 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>05/21/1991</b>	3a. Date of Last Report <b>03/25/1994</b>
4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent  
**SCHWARZ, STEPHEN DEH.  
18501 MURDOCK CIRCLE  
PORT CHARLOTTE FL 33952**

10. Name and Address of New Registered Agent

B1 Name	<b>Schwarz Stephen dell</b>		
B2 Street Address (P.O. Box Number is Not Acceptable)			
B3	<b>21229 Olean Blvd, Suite B</b>		
B4 City	<b>Port Charlotte</b>	B5 FL	B6 Zip Code <b>33952</b>

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 of applicant. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>JANSEN, WALTER</b>
STREET ADDRESS	<b>THLACKER 29</b>
CITY - ST - ZIP	<b>ZURICH, SWITZERLAND</b>
TITLE	<b>VD</b>
NAME	<b>BIEDERMANN, JOSEF</b>
STREET ADDRESS	<b>THLACKER 29</b>
CITY - ST - ZIP	<b>ZURICH, SWITZERLAND</b>
TITLE	<b>VD</b>
NAME	<b>SOLINSKI, HELMUT A.</b>
STREET ADDRESS	<b>6109 ELLIOTT STREET</b>
CITY - ST - ZIP	<b>PUNTA GORDA FL</b>
TITLE	<b>V</b>
NAME	<b>GAUTSCHY, HEINER DR.</b>
STREET ADDRESS	<b>TALACKER 29</b>
CITY - ST - ZIP	<b>ZURICH SW</b>
TITLE	<b>S</b>
NAME	<b>WOHNLICH, JOHN</b>
STREET ADDRESS	<b>3555 FT. CHARLES DRIVE</b>
CITY - ST - ZIP	<b>NAPLES FL</b>
TITLE	<b>T</b>
NAME	<b>SCHULER, CONSTANTIN DR.</b>
STREET ADDRESS	<b>TALACKER 29</b>
CITY - ST - ZIP	<b>ZURICH SW</b>

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	<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 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 110.07(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, as an attachment with an addendum.

SIGNATURE: *Walter Jansen* PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Walter JANSEN** (Date) **3-27-95** (Phone) **(813) 637-0055**