

STATE OF FLORIDA  
 DEPARTMENT OF CITRUS  
 P. O. BOX 9010  
 BARTOW, FL 33831-9010  
 PHONE (863) 537-3999  
 Revenue (863) 537-3979  
 Fax 1-877-352-2487

**FORM 4R FRESH**

NEW RATES  
 EFFECTIVE  
 AUGUST 1, 2012

**EQUALIZATION ADVERTISING ASSESSMENT RETURN**

<File in accordance with Florida Statutes 601.15(5) and 601.155(7)>

Name of Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 City / State / Zip \_\_\_\_\_  
 Week Ending Date: \_\_\_\_\_

Report # \_\_\_\_\_  
 Registration # \_\_\_\_\_

FRESH IMPORTED FRUIT ONLY -

WEEK ENDING DATE OF IMPORT \_\_\_\_\_

NUMBER OF BOXES                      ORANGES \_\_\_\_\_                      GRAPEFRUIT \_\_\_\_\_

Pursuant to Section 601.155(1),(3)(a),&(3)(b), Florida Statutes, each person having title or possession of processed orange or grapefruit products in Florida shall state whether or not during the preceding week he has exercised the privilege of first processing, reprocessing, packaging or storing products made in whole or in part from citrus fruit grown outside the State of Florida. If such privilege has been exercised, complete the following section.

Processing, Packing, or Storage of Citrus Products Grown Outside the State of Florida	Standard Equivalent 1 3/5 Bushel Boxes (Do Not Show Partial Boxes, Round Up or Down Accordingly.)	Assessment Due	
		Annual Election to Remit 1/3 of Box Assessment has been made.	
Variety	Total Boxes	Rate/Box	Total Amount
Oranges		0.2300 (.0767)	\$ -
Grapefruit		0.3400 (.1133)	\$ -
<b>TOTAL ASSESSMENT DUE</b>			<b>\$ -</b>

<b>TOTAL PAYMENT ATTACHED</b>	<b>CHECK NUMBER:</b> _____	-
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CERTIFICATION

I hereby certify that this return is a true and correct statement of all fruit purchased or acquired for storage, processing, or packing purposes in the period covered by this return.

PRINT NAME AND TITLE	SIGNATURE
_____	_____