

STATE OF FLORIDA DEPARTMENT OF CITRUS

605 EAST MAIN STREET / BOX 9010 / BARTOW, FLORIDA 33831



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MARTIN McKENNA CHAIRMAN FLORIDA CITRUS COMMISSION

SEMI ANNUAL INVENTORY VERIFICATION OF GOODS-ON-HAND OF BULK CITRUS JUICES

RESPONSE REQUIRED: Please return to FDOC by [Selected Return Date]

[Letter Date]

[address: manager's name]
[address: company]
[address: street address]
[address: city, state, zip code]

TO: [manger's name]

FROM: [Processing Statistics, FDOC]

SUBJECT: VERIFICATION OF GOODS-ON-HAND OF CITRUS JUICES

Please verify the following information of PS-on-hand as of [weekending date selected]

FACILITY: [city]

Enclosed you should find five documents representing the "Semi-Annual" Inventory "Verification of Goods-on-Hand of Citrus Juices." Completion of these documents should provide data verifying inventory values recorded with FDOC in Pounds Solids (PS) at your facility(s) for each of the categories of citrus juices. This inventory verification for each product category should be effective as of your facility's normal closing day of the week associated with FDOC Week Ending [selected weekending]. The total values for each category should match the values on the Verification Form. Please have these PS values entered and verified, then sign and date the documents (both the Semi-Annual Verification Forms and this Verification) at "Authorized Manager's Signature," and return both by mail to the FDOC headquarters or by email to stats@citrus.myflorida.com

CATEGORY [weekending date selected]	BULK – PS VALUES
FCOJ	
FCGJ	
FCTJ	
SSOJ	
SSGJ	

Authorized Manager's Signature:	
Company Name:	-
Return to: Florida Department of Citrus, Processors Statistics, P.O. Box 9010, Bartow, For submit to stats@citrus.myflorida.com	L 33831-9010
CIT/IV/6 Eff, 20-100.004 (48)	

Week Ending __

CIT/IV/6 - FCOJ EFF._____, 20-100.004(48)

BULK Frozen Concentrated Orange Juice (FCOJ)

20-3.009 F.A.C.

Reporting Facility Code

Reported Semi-Annually

			Pounds Solids
I. FCOJ owned by Reporting Faci	lity and held on Reporting	g Facility premises	
. FCOJ owned by Reporting Faci	lity and held in outside st	orage at Non-Reporting Facility within Florida	
	held at		
- 1	held at		
	held at		
		Please identify the Non-Reporting Facility	
. FCOJ owned by Other Reportin	g Facility and held on Rep	porting Facility premises	
	held for		
		It IS necessary to identify the Reporting Facility	-
. FCOJ owned by Non-Reporting	Facility and held on Repo	orting Facility premises	
	held for	Non-Reporting Facility 1	
	held for	Non-Reporting Facility 2	
	held for	Non-Reporting Facility 3	
	held for	Non-Reporting Facility 4	
	held for	Non-Reporting Facility 5	
	held for	Non-Reporting Facility 6	
E 11 1	held for	Non-Reporting Facility 7	
	held for	Non-Reporting Facility 8	
		It is NOT necessary to identify the Non-Reporting Facility	
		Reporting Facility(s) Total	
		, , , , , , , , , , , , , , , , , , ,	
		Authorized Manager's Signature	Date

CIT/IV/6 - FCGJ EFF._____, 20-100.004(48)

Reported Semi-Annually

Week Ending	20-3.009 F.A.C. Rep	orting Facility Code
		Pounds Solids
COL Language to December 5 - 1994	and held on Boundary Facility many land	
CG3 owned by Reporting Facility	and held on Reporting Facility premises	
CC I sumed by Departing Facility	and hold in a staids at some at New December 5 - 19th with in	Florida
CGJ owned by Reporting Facility	and held in outside storage at Non-Reporting Facility within held at	Florida
	held at	
	Discount of the No. D	
CC Laurand by Other EDOC Barre	Please identify the Non-Reporting Facilities Facilities and hold an Borneting Facilities and hold and an	ity -
CGJ owned by Other FDOC Repo	ting Facility and held on Reporting Facility premises	
	held for	
00 I I N B F	It IS necessary to identify the Reporting	Facility
CGJ owned by Non-Reporting Fa	ility and held on Reporting Facility premises	
	held for Non-Reporting Facility 1 held for Non-Reporting Facility 2	
	held for Non-Reporting Facility 3	
	held for Non-Reporting Facility 4	
	held for Non-Reporting Facility 5	
	held for Non-Reporting Facility 6	
	held for Non-Reporting Facility 7	
	held for Non-Reporting Facility 8	
	It is NOT necessary to identify the Non-Re	porting Facility
	Reporting Fac	ility(s) Total -
	Authorized Manag	

BULK Frozen Concentrated Tangerine Juice (FCTJ) 20-3.009 F.A.C.

Week Ending		Reporting Facility Code		
			Pounds Solids	
1. FCTJ owned by Reporting Facility	and held on Report	ing Facility premises		
2. FCTJ owned by Reporting Facility	and held in outside	storage at Non-Reporting Facility within Florida		
	held at			
		Please identify the Non-Reporting Facility		
3. FCTJ owned by Other FDOC Repo		ld on Reporting Facility premises		
	held for		_	
	held for		_	
	held for		-	
	held for		_	
	held for		-	
	held for		_	
	held for		-	
L	held for			
		It IS necessary to identify the Reporting Facility	-	
4. FCTJ owned by Non-Reporting Fac				
-1,1		Non-Reporting Facility 1	_	
		Non-Reporting Facility 2	-	
		Non-Reporting Facility 3	4	
		Non-Reporting Facility 4	-	
		Non-Reporting Facility 5	4	
		Non-Reporting Facility 6	-	
		Non-Reporting Facility 7		
L.	held for	Non-Reporting Facility 8		
		It is NOT necessary to identify the Non-Reporting Facility		
			T	

Authorized Manager's Signature	Date	

Reporting Facility(s) Total

BULK Single Strength Orange Juice (SSOJ) 20-3.009 F.A.C. Reporting Facility Code

SOJ owned by Reporting Facility and held in our	tside storage at Non-Reporting Facility within Florida	
	neld at	1
h	neld at	
h	neld at	1
h	eld at	
h	eld at	1
h	eld at	1
h	eld at	
	Please identify the Non-Reporting Facility	
SOJ owned by Other FDOC Reporting Facility ar		
he	eld for	
	It IS necessary to identify the Reporting Facility	-
SOJ owned by Non-Reporting Facility and held of	on Reporting Facility premises	
he	eld for Non-Reporting Facility 1	
he	eld for Non-Reporting Facility 2	
he	eld for Non-Reporting Facility 3	
he	eld for Non-Reporting Facility 4	
he	eld for Non-Reporting Facility 5	
he	eld for Non-Reporting Facility 6	
	eld for Non-Reporting Facility 7	
he		
	eld for Non-Reporting Facility 8	
	It is NOT necessary to identify the Non-Reporting Facility	-
		-

Authorized Manager's Signature

Date

Week Ending _

BULK Single Strength Grapefruit Juice (SSGJ)

	20-3.009 F.A.C.
Week Ending	Reporting Facility Code

Pounds Solids 1. SSGJ owned by Reporting Facility and held on Reporting Facility premises 2. SSGJ owned by Reporting Facility and held in outside storage at Non-Reporting Facility within Florida held at Please identify the Non-Reporting Facility 3. SSGJ owned by Other FDOC Reporting Facility and held on Reporting Facility premises held for It IS necessary to identify the Reporting Facility 4. SSGJ owned by Non-Reporting Facility and held on Reporting Facility premises held for Non-Reporting Facility 1 held for Non-Reporting Facility 2 held for Non-Reporting Facility 3 held for Non-Reporting Facility 4 held for Non-Reporting Facility 5 held for Non-Reporting Facility 6 held for Non-Reporting Facility 7 held for Non-Reporting Facility 8 It is NOT necessary to identify the Non-Reporting Facility Reporting Facility(s) Total

Authorized Manager's Signature Date