

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
OFFICE OF THE STATE
CLERK OF CORPORATIONS

30 FEB - 5 PM 3:43

DOCUMENT # 361468 (2)

1. Corporation Name
ABC CITRUS CARETAKING SERVICE, INC.

Principal Place of Business Mailing Address
4964 SOUTH ORANGE AVE 4964 SOUTH ORANGE AVE
ORLANDO FL 32806 ORLANDO FL 32806

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 03/23/1970
3a. Date of Last Report 04/18/1994

2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		25		59-1289234	Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22		27		<input type="checkbox"/>	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23		28		<input type="checkbox"/>	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAWSON, WILLIAM L
1634 WATERWITCH PT
ORLANDO FL 32806

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	1.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HESTER III, ROBERT J	1.2 NAME	Linda C. Powell	
STREET ADDRESS	510 GATLIN AVE.	1.3 STREET ADDRESS	565 Gatlin Avenue	
CITY- ST- ZIP	ORLANDO FL	1.4 CITY- ST- ZIP	Orlando, Florida 32806	
TITLE	VD	2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, JAY M	2.2 NAME	Delete - Duplication	
STREET ADDRESS	3200 PERSHING AVE.	2.3 STREET ADDRESS		
CITY- ST- ZIP	ORLANDO FL	2.4 CITY- ST- ZIP		
TITLE	S	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAWSON, WILLIAM L	3.2 NAME		
STREET ADDRESS	1634 WATERWITCH PT.	3.3 STREET ADDRESS		
CITY- ST- ZIP	ORLANDO FL	3.4 CITY- ST- ZIP		
TITLE	D	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAWSON, WILLIAM L	4.2 NAME		
STREET ADDRESS	1634 WATERWITCH PT.	4.3 STREET ADDRESS		
CITY- ST- ZIP	ORLANDO FL	4.4 CITY- ST- ZIP		
TITLE	VD	5.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, JAY M.	5.2 NAME		
STREET ADDRESS	3028 CHRIS LANE	5.3 STREET ADDRESS		
CITY- ST- ZIP	ORLANDO FL	5.4 CITY- ST- ZIP		
TITLE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY- ST- ZIP		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)(g), 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: *Linda C. Powell* Linda C. Powell (407-) 855-6475

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

Date

Telephone Number