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Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **717353** (7)

1. Corporation Name

CITA, INC.

Principal Place of Business

Mailing Address

2330 ROCKWELL LANE
MELBOURNE FL 32901-5553
US

P.O. BOX 2105
MELBOURNE FL 32902-2105
US



3. Date Incorporated or Qualified

10/14/1969

4. FEI Number

59-1273570

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 2330 Johnny Ellison Dr.

26 P.O. Box 2185

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 Me

23 Melbourne, FL

28 Melbourne, FL

24 32901-5553

25 US

29 32902-2185

30 US

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ELLISON, JOHNNY S
1690 S US 1
MALABAR FL 32950

81 Name

Ellison, Daniel G
82 Street Address (P.O. Box Number is Not Acceptable)
736 Ballard Drive

83

84 City

Melbourne


FL

85 Zip Code

32935

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE


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

Daniel G. Ellison

Director

1-8-98

DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME GUINN, WAYNE
STREET ADDRESS 3675 WHISPERWOOD CR
CITY-ST-ZIP MELBOURNE, FL 00000

TITLE ☐ DELETE

NAME ELLISON, HELEN M
STREET ADDRESS 1690 S US 1
CITY-ST-ZIP MALABAR FL

TITLE ☒ DELETE

NAME ELLISON, JOHNNY S
STREET ADDRESS 1690 S US 1
CITY-ST-ZIP MALABAR FL

TITLE ☐ DELETE

NAME WEBB, WILLIAM
STREET ADDRESS 619 W. ESPANOLA WAY
CITY-ST-ZIP MELBOURNE FL

TITLE ☐ DELETE

NAME ELLISON, DANIEL G.
STREET ADDRESS 736 BALLARD DRIVE
CITY-ST-ZIP MELBOURNE FL

TITLE ☐ DELETE

NAME ELLISON, JOHN S
STREET ADDRESS 712 JOHN CARROLL AVE
CITY-ST-ZIP WEST MELBOURNE FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

Ellison, Jeffrey R.
823 E. Melbourne Ave. Apt. B
Melbourne FL 32901

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

SD
Ellison, Helen M.
210 E. University Blvd Apt. 8
Melbourne, FL 32901

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

P.D.
Ellison, Daniel G
736 Ballard Drive
Melbourne, FL 32935


6.1 TITLE

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  Helen M. Ellison Sec. 1/7/98 (407) 723-7938

CR2E037 (10/97)