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Secretary of State

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 717353

1. Corporation Name

CITA, INC.

Principal Place of Business

2330 JOHNNY ELLISON DR
MELBOURNE FL 32901-5553
US

Mailing Address

P O BOX 2185
MELBOURNE FL 32902-185
US



2. Principal Place of Business

21 233 Johnny Ellison Dr

Suite, Apt. #, etc.

22 NA

City & State

23 Melbourne, FL

Zip

24 32901-5553

Country

U.S.

2a. Mailing Address

26 P.O. Box 2185

Suite, Apt. #, etc.

27 NA

City & State

28 Melbourne, FL.

Zip

29 32902-2185

Country

U.S.

3. Date Incorporated or Qualified

10/14/1969

4. FEI Number

59-1273570

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

9. Name and Address of Current Registered Agent

ELLISON, DANIEL G
736 BALLARD DR
MELBOURNE FL 32935

10. Name and Address of New Registered Agent

81 Name

NA

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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]

Daniel G. Ellison

1-6-99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
SD
ELLISON, HELEN M
210 E UNIVERSITY BLVD APT 8
MELBOURNE FL 32901

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
DV
ELLISON, JEFFREY R
823 E MELBOURNE AVE APT B
MELBOURNE FL 32901

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
PD
ELLISON, DANIEL G.
736 BALLARD DRIVE
MELBOURNE FL 32935

TITLE ☐ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

DV
Ellison, Jeffrey R.
163 Atlantic Ave.
Indianapolis, IN 32903

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

[Signature]

1-6-99

407 724-2256

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)