

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 JUN 20 10 11:20

DOCUMENT # 791117 (5)

1. Corporation Name

CITRUS MARKETING SERVICES, INC.

Principal Place of Business

Mailing Address

US 27 NORTH  
P.O. BOX 792  
LAKE WALES FL 33859-7792

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P.O. BOX 792  
LAKE WALES FL 33859-7792

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 02/20/1981  
3a. Date of Last Report 02/01/1994

4. FEI Number 59-2067035  
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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 3335 U.S. 27 SOUTH

26 P.O. Box 1021

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SEBRING, FLA.

27

City & State

City & State

23 33870

28 SEBRING, FLA.

Zip

Zip

Country

25 USA

Country

29 33871

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SERDYNSKI, DONALD B.  
CITRUS WORLD  
U.S. HIGHWAY 27 NORTH  
LAKE WALES FL 33853

81 Name GLORIA S. MCNORTON

82 Street Address (P.O. Box Number is Not Acceptable)  
3335 U.S. 27 SOUTH

83 SEBRING, FLA.

84 City

85 Zip Code FL 33870

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 GLORIA S. MCNORTON / ASST. SEC. / TREGAS.

DATE 1-12-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME SMITH, L C, JR  
STREET ADDRESS 1532 LAKEVIEW DRIVE  
CITY - ST - ZIP SEBRING, FL 00000

11 TITLE D  
12 NAME SMITH, L.C., JR.  Change  Addition  
13 STREET ADDRESS 11522 PAYNE ROAD  
14 CITY - ST - ZIP SEBRING, FL. 33870

TITLE ST  
NAME BENTLEY, PATRICK T  
STREET ADDRESS 2600 OVERLOOK DRIVE  
CITY - ST - ZIP WINTER HAVEN, FL 00000

21 TITLE  Change  Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP

TITLE ST  
NAME SERDYNSKI, DONALD B.  
STREET ADDRESS LAKE LOTELA DR.  
CITY - ST - ZIP AVON PARK FL

31 TITLE ST  Change  Addition  
32 NAME MCNORTON, GLORIA S.  
33 STREET ADDRESS 5126 N. LAKE HUCKLEBERRY DRIVE  
34 CITY - ST - ZIP SEBRING, FL. 33872

TITLE D  
NAME ROGERS, OSCAR W  
STREET ADDRESS 5731 U S 98 SOUTH  
CITY - ST - ZIP HIGHLANDS CITY, FL 00000

41 TITLE  Change  Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

TITLE D  
NAME SMITH, L C, III  
STREET ADDRESS 3335 U S 27 SOUTH  
CITY - ST - ZIP SEBRING, FL 00000

51 TITLE PRES.  Change  Addition  
52 NAME SMITH, L.C. III  
53 STREET ADDRESS 2701 CHEYANNE ROAD  
54 CITY - ST - ZIP SEBRING, FL. 33872

TITLE VD  
NAME WILSON, PAT  
STREET ADDRESS 33 EAST WALL STREET  
CITY - ST - ZIP FROSTPROOF, FL 00000

61 TITLE  Change  Addition  
62 NAME  
63 STREET ADDRESS  
64 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)(b), 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: Gloria S. McNorton GLORIA S. MCNORTON 1-12-95 (813) 382-2187

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Digitized