

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **791117** (5)
1. Corporation Name
CITRUS MARKETING SERVICES, INC.



Principal Place of Business: **3335 US 27 SOUTH SEBRINA FL 33870 US**
Mailing Address: **PO BOX 1021 SEBRINA FL 33871 US**

2. Principal Place of Business:
21. State, Apt. #, etc.:
22. City & State: **SEBRING**
23. Zip: Country:
24. 25. 26. 27. 28. 29. 30. Mailing Address:
26. State, Apt. #, etc.:
27. City & State: **SEBRING**
28. Zip: Country:

3. Date Incorporated or Qualified: **02/20/1981**
3a. Date of Last Report: **01/20/1995**
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**
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**MCNORTON, GLORIA S
3335 US 27 SOUTH
SEBRING FL 33870**

10. Name and Address of New Registered Agent

81. Name:
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 I accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature for principal place of business (Section 617.0502)

Signature for principal place of business (Section 617.0502)

Date

OFFICERS AND DIRECTORS

ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS ONLY

12. OFFICERS AND DIRECTORS
 1. TITLE: **D** [] DELETE
 2. NAME: **SMITH, L.C. J**
 3. STREET ADDRESS: **11522 PAYNE ROAD**
 4. CITY, ST, ZIP: **SEBRING FL**
 5. TITLE: **ST** [] DELETE
 6. NAME: **BENTLEY, PATRICK T**
 7. STREET ADDRESS: **2600 OVERLOOK DRIVE**
 8. CITY, ST, ZIP: **WINTER HAVEN, FL 00000**
 9. TITLE: **ST** [] DELETE
 10. NAME: **MCNORTON, GLORIA S.**
 11. STREET ADDRESS: **5126 N. LAKE HUCKELBERRY DR.**
 12. CITY, ST, ZIP: **SEBRING FL**
 13. TITLE: **D** [] DELETE
 14. NAME: **ROGERS, OSCAR W**
 15. STREET ADDRESS: **5731 U S 98 SOUTH**
 16. CITY, ST, ZIP: **HIGHLANDS CITY, FL 00000**
 17. TITLE: **P** [] DELETE
 18. NAME: **SMITH, L.C. III**
 19. STREET ADDRESS: **2701 CHEYENNE RD**
 20. CITY, ST, ZIP: **SEBRING FL**
 21. TITLE: **VD** [] DELETE
 22. NAME: **WILSON, PAT**
 23. STREET ADDRESS: **33 EAST WALL STREET**
 24. CITY, ST, ZIP: **FROSTPROOF, FL 00000**

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS ONLY
 1. TITLE: [] Change [] Addition
 2. NAME:
 3. STREET ADDRESS:
 4. CITY, ST, ZIP:
 5. TITLE: [] Change [] Addition
 6. NAME:
 7. STREET ADDRESS:
 8. CITY, ST, ZIP:
 9. TITLE: [] Change [] Addition
 10. NAME:
 11. STREET ADDRESS:
 12. CITY, ST, ZIP:
 13. TITLE: [] Change [] Addition
 14. NAME:
 15. STREET ADDRESS:
 16. 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 119.07(3)(k), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-96 (941) 382-2187
Date: Daytime Phone #

CR2E037 (12/95)