FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

791117

(5)

CITRUS MARKETING SERVICES, INC.

Principal Place	e of Business	Mailing Address	Mailing Address		- I ADDIAN KODIO NUNTI NADAK KRADI KIDIN NEBA DIDIK DIDIK BROK KILAN DIDIN DIDIN NEBA		
3335 US 27 SOUTH SEBRING FL 33870		PO BOX 1021 SEBRING FL 33871-1021					
US US	W/V	US			3. Date Incorporated or Qualified 02/20/1981	3a. Date of Last F 01/26/19	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	A	pplied For
21		26			59-2067035		lot Applicable
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1 '	Additional lequired
City & State)	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28	T		Trust Fund Contribution		to Fees
Zip 24	Country 25	Ζιρ 29	Country 30	У	 This corporation has liability for in Florida Statutes 	intangible tax under a Yes 🔲 No	s. 199.032,
··········	9. Name and Address of Curre	nt Registered Agent		·····	10. Name and Address of New Re	gistered Agent	
			61	Name			
MCNORTON, GLORIA S				Street Ad	dress (P.O. Box Number is Not Acceptab	ole)	
	S 27 SOUTH		83		· · · · · · · · · · · · · · · · · · ·		
SERHING	G FL 33870						
			64	City		FL 85 Zip	Code
11. Pursuant t	to the provisions of Sections 617.05	02 and 617.1508, Florida Statu	ites, the abov	e-named co	rporation submits this statement for the p	purpose of changing i	its registered
office or re agent. I ar	egistered agent, or both, in the State m familiar with, and accept the oblic	e of Florida. Such change was ations of, Section 617.0503, F	authorized b Iorida Statute	y the corpor s.	ation's board of directors. I hereby accept	of the appointment as	registered
SIGNATURE							
	Signature, typed or printed name of registered ag			ent signature req	uired when reinstating)	DATE	
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	D CMTU I C I	☐ DELETE	1.1 TITLE			☐ Change	Addition
NAME	SMITH, L.C. J 11522 Payne Road		1.2 NAME				
STREET ADDRESS	SEBRING FL			T ADDRESS			
CITY-ST-ZIP TITLE	ST ST	DELETE	1.4 C/TY- 2.1 T/TLE	ST-ZIP	······································	Change	Addition
NAME	BENTLEY, PATRICK T		2.2 NAME				
STREET ADDRESS	2600 OVERLOOK DRIVE			T ADDRESS			
CITY-ST-ZIP	WINTER HAVEN, FL 00000		2.4 CiTY				
TITLE	ST DELETE		3.1 TITLE			Change	Addition
NAME	MCNORTON, GLORIA S.	—	3.2 NAME				_
STREET ADDRESS	5126 N. LAKE HUCKELBERI	RY DR.		T ADDRESS			
CITY-ST-ZIP	SEBRING FL		3.4. CiTY-				
TITLE	D	▼ DELETE	4.1 TITLE			☐ Change	Addition
NAME	ROGERS, OSCAR W		4. 2 NAME				
STREET ADDRESS	5731 U S 98 SOUTH		4.3 STREE	T ADDRESS			
CITY-ST-ZIP	HIGHLANDS CITY, FL 00000		4.4 CITY-	ST - ZIP			
TITLE	P	☐ DELETE	5.1 TITLE			Change	Addition
NAME	SMITH, L.C. III		5.2 NAME				
STREET ADDRESS	2701 CHEYENNE RD		5.3 STREE	T ADDRESS			
CITY-ST-ZIP	SEBRING FL		5.4 CITY-	ST-ZIP			
TITLE	VD DELETE		6.1 TITLE			L Change	L Addition
NAME	WILSON, PAT		6.2 NAME				
STREET ADDRESS	33 EAST WALL STREET			T ADDRESS			
CITY-ST-ZIP	FROSTPROOF, FL 00000	ad with this filing does not are	6.4 CITY-		ed in Section 119.07(3)(i), Florida Statute	e I further continues	it the
information I am an of	n indicated on this annual report or flicer or director of the corporation o	supplemental annual report is r the receiver or trustee empo	true and acc wered to exe	urate and th	ed in Section 119.07(3)(i), Florida Statute lat my signature shall have the same lega ort as required by Chapter 617, Florida S	al effect as if made ur	nder oath; that
appears in	n Block 12 or Block 13 changed,	or on an attachment with an ac	ldress.			•	

SIGNATURE:X

STATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-97

(941) 382-2187

FILED

Feb 10 1997 8:00am

Secretary of State

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