FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

791117

(5)

CITRUS MARKETING SERVICES, INC.

| FILED | | | | | | | | |
|---------|----------|--|--|--|--|--|--|--|
| 1998 | 8:00am | | | | | | | |
| etary (| of State | | | | | | | |
| | 1998 | | | | | | | |

| Principal Pla | ace of Business | | Mailing Addr | ess | | | | - | | aif bibli b fbli | BIRII BIRII IRRI |
|----------------|-----------------------------|--|----------------------|----------------|-------------|------|--|--|------------|----------------------------|--------------------------------|
| 3335 US 27 | COUTL | | PO BOX 1021 | | | | | | | | ·. · |
| SEBRING FL | | | SEBRING FL | 33871 | | | | 3. Date Incorporated or Qualified | 1 | | |
| US | | | US | | | | | 02/20/1981 4. FEI Number | | - 1 1 | Applied For |
| | | | | | | | | 59-2067035 | | - | lot Applicable |
| 2. Principal | Place of Business | == | 2a. Mailing A | ddress | | _ | | | | - 1 - 1- | Additional |
| 21 | | | 26 | | | | | 5. Certificate of Status Desired | ш | | Required |
| Suite, Ap | ot. #, etc. | | Suite, Ap | t. #, etc. | | | | 6. Election Campaign Financing | | \$5.00 | May Be |
| 22 | <u></u> | | 27 | | | | | Trust Fund Contribution | | | to Fees |
| City & St | ate | | City & Sta | ate | | | | 7. Is this nonprofit corporation a | | rs associatí □ No | on? |
| 23 | | ountry | 28 Zip | — | Count | n, | | | | | |
| Zip 24 | امة الما | una y | Zip Country 30 | | | | | This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No | | | |
| 24 | 9. Name and A | ddress of Curren | nt Registered Age | | 301 | | | 10. Name and Address of New F | | | |
| | | | <u> </u> | | 8 | 1 | Name | | | | |
| MCNO | RTON, GLORIA S | | | | 8 | + | Street Addres | ss (P.O. Box Number is Not Accept | able) | | |
| | US 27 SOUTH | | | | 0 | - | Olicel Vadie | ss (F.O. Box Humber is Not Accept | abiej | | |
| L | NG FL 33870 | | | | 8 | 3 | | | | | |
| | | | | | 8 | 4 | City | | | 85 Zin | Code |
| | | | | | 1 | 1 | • | | FL | _ ` | |
| 11. Pursuar | nt to the provisions of | Sections 617.050 | 2 and 617.1508, F | lorida Statute | s, the abo | ve- | named corpo | ration submits this statement for the on's board of directors. I hereby acc | purpose of | of changing cointment a | its registered s registered |
| agent. I | am familiar with, and | accept the obliga | ations of, Section 6 | 17.0503, Flo | rida Statut | es. | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | |
| SIGNATURE | | | | | | | | | | | |
| <u> </u> | Signature, typed or printed | | | (NOTE | | gent | t signature required | d when reinstating) ADDITIONS/CHANGES TO OFF | DATE | n hiperata | DO IN 10 |
| 12. | D | OFFICERS AN | | DELETE | 13. | : | 1 | ADDITIONS/CHANGES TO OFF | IOENS AIN | Change | |
| NAME | SMITH, L.C. J | | - | | 1.2 NAM | | | | | | |
| STREET ADDRESS | | | | | 1.3 STRE | | IDDBESS | | | | |
| CITY-ST-ZIP | SEBRING FL | HOAD | | | 1,4 C/TY | | 1 | | | | |
| TITLE | ST | | L | DELETE | 2.1 TITLE | _ | - 64 | | | Change | Addition |
| NAME | BENTLEY, PA | TRICK T | | _ | 2,2 NAMI | E | | | | | |
| STREET ADDRESS | | | | | 2.3 STRE | ET A | LODRESS | | - | | |
| CITY-ST-ZIP | WINTER HAVE | | | | 2. 4 CITY | -51 | - ZIP | | | | |
| TITLE | ST | ·· · · · · · · · · · · · · · · · · · · | | DELETE | 3.1 TITLE | | | | | Change | Addition |
| NAME | MCNORTON, | GLORIA S. | | | 3.2 NAM | E | | | | | |
| STREET ADDRESS | s 5126 N. LAKE | HUCKELBERR' | y Dr. | | 3.3 STRE | ET A | DDRESS | | | | |
| City-St-Zip | SEBRING FL | | | | 3.4, CITY | -ST | -ZIP | | | | <u> </u> |
| TITLE | P | | | DELETE | 4.1 TITLE | | | | | L Change | |
| NAME | SMITH, L.C. II |] | | | 4. 2 NAM | Ε | | | | | |
| STREET ADDRESS | s 2701 CHEYEN | ine RD | | | 4.3 STRE | ET A | DDRESS | | | | |
| CITY-ST-ZiP | SEBRING FL | | | | 4.4 CITY | | -ZIP | | | | <u> </u> |
| TITLE | VD | | Ļ | DELETE | 5.1 TATLE | | | | | ☐ Change | Addition |
| NAME | WILSON, PAT | | | | 5.2 NAM | | | | | | |
| STREET ADDRESS | | | | | 5.3 STRE | ET A | DDRESS | | | | |
| CITY-ST-ZIP | FROSTPROOF | , FL 00000 | | 1 | 5.4 CITY | _ | -ZIP | | | 105 | A Juliate - |
| TITLE | | | L | DELETE | 6.1 TITLE | | | | | ☐ Change | Addition |
| NAME | | | | | 6.2 NAM | | | | | | |
| STREET ADDRESS | S | | | | 6.3 STRE | ET A | DDRESS | | | | |
| | | | | | | | | | | | |

14. I hereby certify that the information supplied with this filling 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. GLORIA S. MCNORTON 1-9-98 941382-2187