

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L64895 (0)**

1. Corporation Name
INTERIOR CITRUS MARKETING, INC.



Principal Place of Business
**7755 STARR LAKE ROAD
2185 OAK DR.
BARTOW FL 33830
US**

Mailing Address
**P.O. BOX 362
P.O. BOX 362
ALTURAS FL 33820
US**

3. Date Incorporated or Qualified 04/09/1990	3a. Date of Last Report 05/22/1995
4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business 7755 STARR LAKE ROAD	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22. City & State BARTOW, FLORIDA	27. City & State
23. Zip 33830	28. Zip
Country FL	29. Country
30. Country	

9. Name and Address of Current Registered Agent

**MITCHELL, ROY D.
2185 OAK DR.
BARTOW FL 33830**

10. Name and Address of New Registered Agent

81 Name **Mitchell, Roy D.**
82 Street Address (P.O. Box Number is Not Acceptable)
7755 STARR LAKE ROAD
83
84 City **BARTOW** FL 85 Zip Code **33830**

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 607.1505, Florida Statutes.

SIGNATURE *Roy D. Mitchell* **Roy D. Mitchell PST** **2/22/96**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MITCHELL, KRISTINE L.	
STREET ADDRESS	P.O. BOX 362	
CITY-ST-ZIP	ALTURAS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OAKLEY, MILES L	
STREET ADDRESS	520 1/2 HOBART AVE., NORTH	
CITY-ST-ZIP	BARTOW FL 33830	
TITLE	PST	<input type="checkbox"/> DELETE
NAME	MITCHELL, ROY D	
STREET ADDRESS	P. O. BOX 362	
CITY-ST-ZIP	ALTURAS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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*****200.00**

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Roy D. Mitchell* **Roy D. Mitchell PST** **2/22/96** ⁹⁴¹ ₍₅₃₇₎ ₍₂₅₇₁₎
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)

96/2/29/96