

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000050837 (0)**

1. Corporation Name
CITRUS MINING & TIMBER, INC.



Principal Place of Business
**100 SECOND AVENUE SOUTH
SUITE 704
ST. PETERSBURG FL 33701**

Mailing Address
**100 SECOND AVENUE SOUTH
SUITE 704
ST. PETERSBURG FL 33701**

3. Date Incorporated or Qualified
06/29/1995

3a. Date of Last Report

4. FEI Number
59-3323941

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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 **P.O. Box 206**
27 Suite, Apt. #, etc.
28 **St. Petersburg, FL**
29 Zip
30 **USA**

9. Name and Address of Current Registered Agent
**FISHER & SAULS, P.A.
100 SECOND AVENUE SOUTH
SUITE 704
ST. PETERSBURG FL 33701**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 **SUITE 701**
84 City
FL 85 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and the applicant. NOTE: Registered Agent signature required when re-registering.

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	HOLLINS, DIXIE M	
STREET ADDRESS	100 SECOND AVE. SOUTH SUITE 704	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ADOCK, LOUIE N JR	
STREET ADDRESS	100 SECOND AVE. SOUTH SUITE 704	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TORNWALL, GEORGE E	
STREET ADDRESS	111 71ST STREET SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33707	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RUMPF, WILLIAM J	
STREET ADDRESS	111 71ST STREET SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33707	
TITLE	D	<input type="checkbox"/> DELETE
NAME	POLSON, MARILYN M	
STREET ADDRESS	100 SECOND AVENUE SOUTH, SUITE 701	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VP/S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	100 SECOND AVE. SO., SUITE 701	
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	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	JUDY A. LAWLER	
6.3 STREET ADDRESS	100 SECOND AVE. SO., #701	
6.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33701	

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: [Signature] **2-21-96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)