

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90149 033 ***150.00

DOCUMENT # P95000050837

1. Entity Name
CITRUS MINING & TIMBER, INC.

Principal Place of Business 100 SECOND AVENUE SOUTH SUITE 704 ST. PETERSBURG FL 33701	Mailing Address P.O. BOX 206 ST. PETERSBURG FL 33731-0206 US
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2. Principal Place of Business 14280 W. Hollinswood Trl	3. Mailing Address Post Office Box 277
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Inglis, Florida	City & State Crystal River, Florida	4. FEI Number 59-3323941	Applied For Not Applicable
Zip 34449	Country USA	Zip 34423	Country USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent FISHER & SAULS, P.A. 100 SECOND AVENUE SOUTH SUITE 701 ST. PETERSBURG FL 33701		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOLLINS, DIXIE M 100 SECOND AVE. SOUTH SUITE 704 ST. PETERSBURG FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/T/D HOLLINS, DIXIE M 14280 W. HOLLINSWOOD TRAIL INGLIS, FL 34449 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST ADOCK, LOUIE N JR 100 SECOND AVENUE SOUTH SUITE 701 ST. PETERSBURG FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ADCOCK, LOUIE N JR 100 SECOND AVENUE SOUT, SUITE 701 ST. PETERSBURG FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TORNWALL, GEORGE E 111 71ST STREET SOUTH ST. PETERSBURG FL 33707 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS LAWLER, JUDY A. 100 SECOND AVENUE SO #701 ST. PETERSBURG FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS POLSON, MARILYN M 100 SECOND AVENUE SOUTH, SUITE 701 ST. PETERSBURG FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 3-29-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)