

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 790166

(3)

1. Corporation Name

CITRUS WORLD, INC.



Principal Place of Business

700 W. NORTH AVENUE  
LAKE WALES FL

Mailing Address

P. O. BOX 1111  
LAKE WALES FL 33859-1111  
US

3. Date Incorporated or Qualified

01/05/1934

3a. Date of Last Report

04/10/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

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25

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30

4. FEI Number

59-0245940

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HENDRY, WILLIAM J.  
HIGHWAY 27 NORTH  
LAKE WALES FL 33853

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when not stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

☐ DELETE

NAME

HUNT, FRANK

STREET ADDRESS

1015 SUNSET DRIVE

CITY - ST - ZIP

LAKE WALES FL

TITLE

VP

☐ DELETE

NAME

MARSHBURN, J D

STREET ADDRESS

515 S LAKE FLORENCE DR

CITY - ST - ZIP

WINTER HAVEN FL

TITLE

CEO

☐ DELETE

NAME

CARUSO, STEPHEN M

STREET ADDRESS

1355 SO SUMMERLIN AVE

CITY - ST - ZIP

ORLANDO FL

TITLE

T

☐ DELETE

NAME

HENDRY, WILLIAM J.

STREET ADDRESS

4223 CONWAY PLACE CIRCLE

CITY - ST - ZIP

ORLANDO FL

TITLE

FVP

☐ DELETE

NAME

RALEY, WILLIAM L.

STREET ADDRESS

LAKE ELOISE DRIVE

CITY - ST - ZIP

WINTER HAVEN FL

TITLE

SD

☒ DELETE

NAME

ALBRITTON, G. EDWIN

STREET ADDRESS

1163 S. LAKE SHORE BLVD.

CITY - ST - ZIP

LAKE WALES FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)