Entity Name: CITRUS MARKETING SERVICES, INC.
Current Principal Place of Business:

## Current Mailing Address:

PO BOX 1021
SEBRING, FL 33871 US

## FEI Number: 59-2067035

Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

SHERMAN, LISA
111 E PARK ST
LAKE PLACID, FL 33852 US

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:

| LISA SHERMAN | $06 / 26 / 2020$ |
| :--- | :---: |
| Electronic Signature of Registered Agent | Date |

Officer/Director Detail :

| Title | DIRECTOR | Title | DIRECTOR |
| :--- | :--- | :--- | :--- |
| Name | MCLEAN, MARK | Name | MOORE, CHRIS |
| Address | 1745 US HWY 27 SOUTH | Address | 33 WALL STREET |
| City-State-Zip: | SEBRING FL 33870 | City-State-Zip: | FROSTPROOF FL 33843 |
| Title | DIRECTOR, VP | Title | DIRECTOR, SECRETARY |
| Name | ROGERS, DANE | Name | LIGHTSEY, DAVID |
| Address | P O BOX 237 | Address | PO BOX 1021 |
| City-State-Zip: | HIGHLANDS CITY FL 33846-0237 | City-State-Zip: | SEBRING FL 33871 |
| Title | DIRECTOR, PRESIDENT | Title | DIRECTOR |
| Name | V.C., HOLLINGSWORTH | Name | SALLIN, MICHEL |
| Address | 5389 NW LILY AVE | Address | 2600 45TH STREET |
| City-State-Zip: | ARCADIA FL 34266 | City-State-Zip: | VERO BEACH FL 32967 |

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[^0]:    I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

