

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 791117

Entity Name: CITRUS MARKETING SERVICES, INC.

Current Principal Place of Business:

3123 US 27 SOUTH
SEBRING, FL 33870

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:

MCNORTON, GLORIA S
3123 US 27 SOUTH
SEBRING, FL 33870 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name BENTLEY, PATRICK T
Address 2600 OVERLOOK DRIVE
City-State-Zip: WINTER HAVEN FL 33884

Title TREASURER
Name MCNORTON, GLORIA S.
Address 5126 N. LAKE HUCKELBERRY DR.
City-State-Zip: SEBRING FL 33875

Title DIRECTOR
Name MCLEAN, MARK
Address 1745 US HWY 27 SOUTH
City-State-Zip: SEBRING FL 33870

Title DIRECTOR
Name CLAY, WILSON
Address 33 WALL STREET
City-State-Zip: FROSTPROOF FL 33843

Title DIRECTOR, VP
Name ROGERS, DANE
Address P O BOX 237
City-State-Zip: HIGHLANDS CITY FL 33846-0237

Title DIRECTOR, SECRETARY
Name LIGHTSEY, DAVID
Address PO BOX 1021
City-State-Zip: SEBRING FL 33871

Title DIRECTOR, PRESIDENT
Name V.C., HOLLINGSWORTH
Address 5389 NW LILY AVE
City-State-Zip: ARCADIA FL 34266

Title DIRECTOR
Name SALLIN, MICHEL
Address 2600 45TH STREET
City-State-Zip: VERO BEACH FL 32967

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.

SIGNATURE: DAVID LIGHTSEY

SECRETARY

04/21/2015

Electronic Signature of Signing Officer/Director Detail

Date