

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1995 MAY -1 PM 1:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800001478258
-05/08/95--01022--011
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

1. Corporation Name LEO BLUE CITRUS SERVICES, INC.	DOCUMENT # 530246 (8)
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Mailing Address 1048 HUNTINGTON ROAD CRESCENT CITY FL 32112-1906	Principal Place of Business 1048 HUNTINGTON ROAD CRESCENT CITY FL 32112-1906
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If above addresses are incorrect in any way, file through incorrect information and enter correction below

2. Mailing Address 21 Suite, Apt #, etc. 22 City & State 23 Zip 24	2a. Principal Place of Business 26 Suite, Apt #, etc. 27 City & State 28 Zip 29
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3. Date Incorporated or Qualified 03/29/1977	3a. Date of Last Report 06/14/1993
4. FEI Number 59-1735151	Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required ☐	6. Election Campaign Financing Trust Fund Contribution ☐
7. Nonprofit Exempt from \$138.75 Supplemental Fee ☐	\$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 BLUE, BARBARA 1048 HUNTINGTON ROAD CRESCENT CITY FL 32012	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or 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 607.0505 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY ST ZIP	P/D BLUE, LEO 1048 HUNTINGTON ROAD CRESCENT CITY FL	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY ST ZIP	
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP		21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP	
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP		31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP	
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP	
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP	Handwritten: 6-1-95
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY ST ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY ST ZIP	

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 110.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 110.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or 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: Leo Blue 4-20-95 813-773 4237
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR