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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS
95 JAN 20 PM 1:15

DOCUMENT # 717353 (7)

1. Corporation Name
CITA, INC.

Principal Place of Business	Mailing Address
2304 S. HARBOR CITY BLVD. MELBOURNE FL 32901-5596 US	P.O. BOX 2105 MELBOURNE FL 32902-2105 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/14/1969
3a. Date of Last Report: 01/25/1994
4. FEI Number: 59-1273570 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21): 2330 Rockwell Lane
Suite, Apt. #, etc. (22):
City & State (23): Melbourne, FL
Zip (24): 32901-5553 Country (25): USA

2a. Mailing Address (26):
Suite, Apt. #, etc. (27):
City & State (28):
Zip (29): Country (30):

9. Name and Address of Current Registered Agent

ELLISON, JOHNNY S
1690 S US 1
PALM BAY FL 32905

10. Name and Address of New Registered Agent

81 Name: Ellison, Johnny S.
82 Street Address (P.O. Box Number is Not Acceptable): 1690 S. US 1
83:
84 City: Malabar, FL 85 Zip Code: 32950

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	☐ Change ☐ Addition
NAME	GUINN, WAYNE	1.2 NAME	
STREET ADDRESS	3025 ARIZONA STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE, FL 00000	1.4 CITY-ST-ZIP	Add Zip 32904
TITLE	SD	2.1 TITLE	SD ☒ Change ☐ Addition
NAME	ELLISON, HELEN M	2.2 NAME	Ellison, Helen M.
STREET ADDRESS	1690 S US 1	2.3 STREET ADDRESS	1690 S. US 1
CITY-ST-ZIP	PALM BAY FL	2.4 CITY-ST-ZIP	Malabar, Fl 32950
TITLE	PD	3.1 TITLE	PD ☒ Change ☐ Addition
NAME	ELLISON, JOHNNY S	3.2 NAME	Ellison, Johnny S
STREET ADDRESS	1690 S US 1	3.3 STREET ADDRESS	1690 S. US 1
CITY-ST-ZIP	PALM BAY FL	3.4 CITY-ST-ZIP	Malabar, FL 32950
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	WEBB, WILLIAM	4.2 NAME	
STREET ADDRESS	619 W. ESPANOLA WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	4.4 CITY-ST-ZIP	Add Zip 32901
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 119.07(3)(i), 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: Helen M. Ellison - Helen M. Ellison, SD 1/13/95 (407) 723-7938
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0035242