

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **846859** (7)
1. Corporation Name
CITRUS PUBLISHING, INC.



Principal Place of Business: 150 W. BRAMBLETON AVENUE NORFOLK VA 23510-2018
Mailing Address: 150 W. BRAMBLETON AVENUE NORFOLK VA 23510-2018

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

3. Date Incorporated or Qualified 09/02/1980	3a. Date of Last Report 05/01/1995
4. FEI Number 54-1145119	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		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 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (Signature, typed or printed name of registered agent and title, if applicable) DATE: _____ (NOTE: Registered Agent's signature required with change of name)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WYNNE, JOHN O.	12. NAME	
STREET ADDRESS	150 W BRAMBLETON AVE	13. STREET ADDRESS	
CITY-ST-ZIP	NORFOLK VA	14. CITY-ST-ZIP	
TITLE	PTD <input type="checkbox"/> DELETE	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COFFEY, LARRY R	22. NAME	
STREET ADDRESS	601 TAYLORSVILLE RD	23. STREET ADDRESS	
CITY-ST-ZIP	SHELBYVILLE KY	24. CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYAN, LOUIS F	32. NAME	
STREET ADDRESS	150 W BRAMBLETON AVE	33. STREET ADDRESS	
CITY-ST-ZIP	NORFOLK, VA 00000	34. CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, SUSAN D	42. NAME	
STREET ADDRESS	150 W BRAMBLETON AVE	43. STREET ADDRESS	
CITY-ST-ZIP	NORFOLK VA	44. CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, GARY D.	52. NAME	
STREET ADDRESS	601 TAYLORSVILLE RD	53. STREET ADDRESS	
CITY-ST-ZIP	SHELBYVILLE KY	54. CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULLIGAN, GERARD	62. NAME	
STREET ADDRESS	1624 N MEADOWCREST BLVD	63. STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL RIVER FL	64. CITY-ST-ZIP	

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

SIGNATURE: *Gary D. Miller* *Gary D. Miller* 3/28/96 (502) 633-4334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)