## **FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name 846859

(7)

CITRUS PUBLISHING, INC.

Principal Place of Business	Mailing Address
150 W. Brambleton Avenue Norfolk va 23510-2018	150 W. Brambleton avenue Norfolk va 23510-2018

## **FILED** May 08 1997 8:00am Secretary of State



Principal Place of Business Mailing Address  150 W. BRAMBLETON AVENUE 150 W. BRAMBLETON AVENUE		T SOCIOL IZILI OTALO ANNOL SOCIO OLINO ION DIZAL BIOLI ALBIT DIZAL OLINA OLIZAL BIOLI		
NORFOLK VA 23510-2018	NORFOLK VA 23510-2018	:NUC		
			3. Date Incorporated or Qualified 09/02/1980	3a. Date of Last Report 04/01/1996
2. Principal Place of Business	2a. Mailing Address	549	4. FEI Number	Applied For
1 1624 N. Mestawan Suite Apt. #, etc	e31 26 P.O. Box Suite, Apt. #, etc.	34 1	54-1145119	Not Applicable  \$8.75 Additional
2	27		5. Certificate of Status Desired	Fee Required
3 Crystal River, 7	Sity & State	le. Kv	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip	Country	8. This corporation has liability for i	
4 344 A 25 9. Name and Address of C		0	Florida Statutes  10. Name and Address of New Re-	Yes No
CT CORPORATION SYSTEM		81 Name	10. 110.110	
1200 S. PINE ISLAND ROAD PLANTATION FL 33324		82 Street Address (P.O. Box Number is Not Acceptable)		
		82 Street Add	ress (P.O. box Number is Not Acceptab	
		83		
		84 City		85 Zip Code
				FL " EP COCC
<ol> <li>Pursuant to the provisions of Sections 60 office or registered agent, or both, in the</li> </ol>	State of Florida Such change was au	thorized by the corpora	poration submits this statement for the partion's board of directors. I hereby accept	urpose of changing its registered of the appointment as registered
agent. I am familiar with, and accept the	obligations or, Section 607.0505, Flori	da Statutes.		
StGNATURE Signature, typed or printed name of registe	red agent and tille if applicable (NOTE:	Registered Agent signature requ	ired when reinstating)	DATE
Control of the Contro	S AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
INTE D	DELETE	1.1 TITLE		Change Addition
WYNNE, JOHN O.	NE	1.2 NAME		
STREEL ADDRESS 150 W BRAMBLETON A NORFOLK VA	AE .	1.3 STREET ADDRESS		
CITY-S1-7IP NUMPULA VA	DELETE	1.4 CIEY - ST - ZIP 2.1 TITLE		Change Additio
NAME COFFEY, LARRY R	C Decert	2.2 NAME		En pliange En receive
STREET ADORESS 601 TAYLORSVILLE RD		2.3 STREET ADDRESS		
CHTY-SI-ZIP SHELBYVILLE KY		2. 4 CITY - ST - ZIP		
TILLE SD	☐ DELET€	31 TITLE		Change Additio
RYAN, LOUIS F		3.2 NAME		
SHIFET ADDRESS TO 150 W BRAMBLETON A	VE	3.3 STREET ADDRESS		
CHY-ST-ZIF NORFOLK, VA VA		3.4, CITY-ST-ZIP		
TOTLE AS	☐ DELETE	4.1 TITLE		Change Addition
NAME SMITH, SUSAN D	ستار <u>د</u>	4. 2 NAME		
STHEET ADDRESS 150 W BRAMBLETON A	YC .	4.3 STREET ADDRESS		
CITY - SI - ZIP NORFOLK VA	T SPICE	4.4 CITY - ST - ZIP		Change Addison
TOLE AS	☐ DELETE	5.1 TITLE		Change
NAME STREET ADDRESS 601 TAYLORSVILLE RD		5.2 NAME		
61 im (61 m) (61 m)		5.3 STREET ADDRESS		
CITY-SI 7IP SHELBYVILLE KY	DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Additio
MINISTER OFFICE	FT birrit	6.2 NAME		First Avianda First Million
MULLIGAN, GEHAND STREEL ADDRESS 1624 N MEADOWCRES	T RI VI	6.3 STREET ADDRESS		
ADMATAL BRIES FI	I DE I			
	Part of the second seco	6.4 CITY - \$1 - ZIP	nd in Section 110 07/3/i) Florida Statute	

I do hereby certify that the information supplied with this filing 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 of trustee empowered to execute this report as required by Chapter 60?, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or man attachment with address.