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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 846859 CITRUS PUBLISHING, INC.

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(7)

FILED May 13 1998 8:00am Secretary of State

Principal Pl	lace of Business	Mailing Address							
	EADOWCREST RIVER FL 34429	P.O. BOX 549 SHELBYVILLE KY 40066 US				DO NOT WRITE IN THIS SPACE			
		-				3. Date Incorporated or Qualified 09/02/1980			
Principal Place of Business		2a. Mailing Add	e. Mailing Address			4. FEI Number	Applied For		
1		26	26			54-1145119	Not Applicable		
Suite, Apt #, etc.		Suite, Apt #	Suite, Apt #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State	7			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country 25	Zip 29	30 Cou	ıntry		This corporation owes or has paid the current Personal Property Tax due June 30.	nt year Intangible Yes No		
9, Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent			
	CT CORPORATION SYSTEM			81	Name				
	1200 S. PINE ISLAND ROAD PLANTATION FL 33324				Street Address (P.O. Box Number is Not Acceptable)				
				83					
				84	City	Fi	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. I hereby 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 a		Registered Agent signature to				
12.	OFFICERS AND DIRECTO		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TETLE	D	DELETE	1,1 TITLE	Change	Addition		
NAME	WYNNE, JOHN O.		1.2 NAME		ļ		
STREET ADDRESS	150 W BRAMBLETON AVE		1.3 STREET ADDRESS				
CITY-ST-ZIP	NORFOLK VA		1.4 CITY-ST-ZIP				
TITLE	PTD	☐ DELETE	2.1 TITLE	☐ Change	Addition		
NAME	COFFEY, LARRY R		2.2 NAME				
STREET ADDRESS	601 TAYLORSVILLE RD		2.3 STREET ADDRESS	,			
CMY-ST-ZYP	SHELBYVILLE KY		2. 4 CITY-ST-ZIP				
TITLE	80	DELETE	3.1 TITLE	Change	☐ Addition		
NAME	RYAN, LOUIS F		32 NAME				
STREET ADDRESS	150 W BRAMBLETON AVE		3 3 STREET ADDRESS				
CITY-ST-ZIP	NORFOLK, VA VA		3.4. CITY - ST - ZIP				
TITLE	AS	DELETE	4.1 TITLE	☐ Change	☐ Addition		
NAME	SMITH, SUSAN D		4. 2 NAME				
STREET ADDRESS	150 W BRAMBLETON AVE		4.3 STREET ADDRESS				
CITY-ST-ZIP	NORFOLK VA		4.4 CITY-ST-ZIP				
TITLE	AS	DELETE	5.1 TITLE	Change	☐ Addition		
NAME	MILLER, GARY D.		5.2 NAME				
STREET ADDRESS	601 TAYLORSVILLE RD		5.3 STREET ADDRESS				
CITY-ST-ZIP	SHELBYVILLE KY		5.4 CITY - ST - ZIP				
TITLE	VP	DELETE	6.1 TITLE	☐ Change	Addition		
NAME	MULLIGAN, GERARD		6 2 NAME				
STREET ADDRESS	1624 N MEADOWCREST BLVD		6.3 STREET ADDRESS				
CITY-ST-ZIP	CRYSTAL RIVER FL		64 CITY-ST-ZIP	·			

14. I 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 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:

m. Will

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