

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 846859

1. Corporation Name

CITRUS PUBLISHING, INC.

Principal Place of Business

1624 N. MEADOWCREST
CRYSTAL RIVER FL 34429
US

Mailing Address

P.O. BOX 549
SHELBYVILLE KY 40066
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

3. Date Incorporated or Qualified

09/02/1980

4. FEI Number

54-1145119

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

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

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

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 applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D.
NAME WYNNE, JOHN O.
STREET ADDRESS 150 W BRAMBLETON AVE
CITY-ST-ZIP NORFOLK VA

TITLE ☐ DELETE

PTD
NAME COFFEY, LARRY R
STREET ADDRESS 601 TAYLORSVILLE RD
CITY-ST-ZIP SHELBYVILLE KY

TITLE ☐ DELETE

SD
NAME RYAN, LOUIS F
STREET ADDRESS 150 W BRAMBLETON AVE
CITY-ST-ZIP NORFOLK, VA VA

TITLE ☐ DELETE

AS
NAME SMITH, SUSAN D
STREET ADDRESS 150 W BRAMBLETON AVE
CITY-ST-ZIP NORFOLK VA VA

TITLE ☐ DELETE

AS
NAME MILLER, GARY D.
STREET ADDRESS 601 TAYLORSVILLE RD
CITY-ST-ZIP SHELBYVILLE KY

TITLE ☐ DELETE

VP
NAME MULLIGAN, GERARD
STREET ADDRESS 1624 N MEADOWCREST BLVD
CITY-ST-ZIP CRYSTAL RIVER FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4.26.99

502.633.4334

CR2E034 (1/98)

05/23/99

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90089 025 ***150.00



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