.2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 846859 Jul 25, 2000 8:00 am 1. Entity Name Secrétary of State CITRUS PUBLISHING, INC. 07-25-2000 90093 007 ***550.00 Principal Place of Business Mailing Address 1624 N. MEADOWCREST P.O. BOX 549 **CRYSTAL RIVER FL 34429** SHELBYVILLE KY 40066 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 54-1145119 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -Name · 25 -----CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition TITLE Detete TITLE Change WYNNE, JOHN O. NAME 150 W BRAMBLETON AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NORFOLK VA CITY-ST-ZIP PTD ☐ Addition ☐ Delete TITLE ☐ Change TITLE COFFEY, LARRY R NAME NAME STREET ADDRESS **601 TAYLORSVILLE RD** STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP SHELBYVILLE KY Secretary Curu-Friddell, III Addition Delete Change TITLE TITLE RYAN, LOUIS F. NAME NAME W Brambleton Ave. STREET ADDRESS STREET ADDRESS 150 W BRAMBLETON AVE CITY-ST-ZIP CITY-ST-ZIP NORFOLK, VA VA Addition ☐ Delete TITLE ☐ Change TITLE SMITH, SUSAN D NAME NAME STREET ADDRESS STREET ADDRESS 150 W BRAMBLETON AVE CITY-ST-ZIP CITY-ST-ZIP NORFOLK VA AS ☐ Addition TITLE Delete TITLE ☐ Change MILLER, GARY D. NAME NAME STREET ADDRESS STREET ADDRESS 601 TAYLORSVILLE RD CITY-ST-7IP CITY-ST-ZIP SHELBYVILLE KY TITLE ☐ Delete TITLE ☐ Change ☐ Addition MULLIGAN, GERARD NAME NAME STREET ADDRESS 1624 N MEADOWCREST BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CRYSTAL RIVER FL 13. 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 report or supplemental 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 expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

ther like empowered.

SIGNATURE AND TYPED OR FRINTED NAME OF SIGNING OFFICER OR DIRECTO

changed, or on an attachment with at

SIGNATURE: