

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90149 036 ***150.00

0623418 AT

DOCUMENT # 846859
1. Entity Name
CITRUS PUBLISHING, INC.

Principal Place of Business **Mailing Address**
 1624 N. MEADOWCREST P.O. BOX 549
 CRYSTAL RIVER FL 34429 SHELBYVILLE KY 40066
 US US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **3. Mailing Address**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number **Applied For**
 54-1145119 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WYNNE, JOHN O.	
STREET ADDRESS	150 W BRAMBLETON AVE	
CITY-ST-ZIP	NORFOLK VA	
TITLE	PTD	<input checked="" type="checkbox"/> Delete
NAME	COFFEY, LARRY R	
STREET ADDRESS	601 TAYLORSVILLE RD	
CITY-ST-ZIP	SHELBYVILLE KY	
TITLE	S	<input type="checkbox"/> Delete
NAME	FRIDDELL, GUY	
STREET ADDRESS	150 W BRAMBLETON AVE	
CITY-ST-ZIP	NORFOLK, VA VA	
TITLE	AS	<input type="checkbox"/> Delete
NAME	SMITH, SUSAN D	
STREET ADDRESS	150 W BRAMBLETON AVE	
CITY-ST-ZIP	NORFOLK VA	
TITLE	AS	<input type="checkbox"/> Delete
NAME	MILLER, GARY D.	
STREET ADDRESS	601 TAYLORSVILLE RD	
CITY-ST-ZIP	SHELBYVILLE KY	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MULLIGAN, GERARD	
STREET ADDRESS	1624 N MEADOWCREST BLVD	
CITY-ST-ZIP	CRYSTAL RIVER FL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael G. Abernathy	
STREET ADDRESS	601 Taylorsville Road	
CITY-ST-ZIP	Shelbyville, KY 40065	
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Colleen Pittman	
STREET ADDRESS	150 W. Brambleton Ave.	
CITY-ST-ZIP	Norfolk, VA 23510	
TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Gary D. Miller* **DATE:** 4.17.02 **DAYTIME PHONE #:** 502.633.4234

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)