

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F26642 (1)
1. Corporation Name
GEORGE MASON CITRUS, INC.



Principal Place of Business Mailing Address
140 HOLMES AVE 140 HOLMES AVE
P.O. BOX 39 P.O. BOX 39
LAKE PLACID FL 33852 LAKE PLACID FL 33852

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 P.O. Box 39
22 City & State 27 Suite, Apt. #, etc.
23 City & State 28 Lake Placid, Florida
24 Zip 25 Country 29 33862-0039 30 Highlands

3. Date Incorporated or Qualified 3a. Date of Last Report
03/24/1981 02/14/1995
4. FET Number Applied For
59-2168102 Not Applicable
5. Certificate of Status Desired \$8.75 Additional
Fee Required
6. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution Added to Fees
7. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
MASON, GEO. P., JR. 81 Name
509 LAKE MIRROR DR 82 Street Address (P.O. Box Number is Not Acceptable)
LAKE PLACID FL 33852 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVT	11 TITLE	
NAME	MASON, MARILYN SMOAK	12 NAME	
STREET ADDRESS	509 LAKE MIRROR DR	13 STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID FL	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	
NAME	MASON, GEO P JR	22 NAME	
STREET ADDRESS	509 LAKE MIRROR DR	23 STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID FL	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	
NAME	MASON, MARILYN SMOAK	32 NAME	
STREET ADDRESS	509 LAKE MIRROR DR	33 STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: Marilyn Smoak Mason V. Pres. S. & Sec. 6/13/96 941 465-2031
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (3/96)