

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

95 MAY -1 PH 5:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000001119 (7)**

1. Corporation Name
SCA-CITRUS, INC.

Principal Place of Business 102 WOODMONT BOULEVARD SUITE 610 NASHVILLE TN 37205	Mailing Address 102 WOODMONT BOULEVARD SUITE 610 NASHVILLE TN 37205
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 02/23/1993	3a. Date of Last Report 05/01/1994
4. FEI Number APPLIED FOR 62-1516306	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
22. City & State	28. City & State
23. Zip	29. Country
24. Zip	30. Country

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	C
NAME	GORDON, JOEL C
STREET ADDRESS	102 WOODMONT BLVD., SUITE 610
CITY-ST-ZIP	NASHVILLE FL 37205
TITLE	DP
NAME	HAMBURG, WILLIAM J
STREET ADDRESS	102 WOODMONT BOULEVARD, SUITE 610
CITY-ST-ZIP	NASHVILLE TN 37205
TITLE	VP
NAME	NEAL, CHARLES T
STREET ADDRESS	102 WOODMONT BLVD., SUITE 610
CITY-ST-ZIP	NASHVILLE TN 37205
TITLE	VP
NAME	VICKERY, E. MICHAEL
STREET ADDRESS	102 WOODMONT BLVD., SUITE 610
CITY-ST-ZIP	NASHVILLE TN 37205
TITLE	ST
NAME	JONES, TARPLEY B
STREET ADDRESS	102 WOODMONT BLVD., SUITE 610
CITY-ST-ZIP	NASHVILLE TN 37205
TITLE	AMP
NAME	BUNDREN, DANNY E.
STREET ADDRESS	102 WOODMONT BLVD. STE. 610
CITY-ST-ZIP	NASHVILLE TN 37205

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	
2.2 NAME	400001470194
2.3 STREET ADDRESS	-05/08/95--01081--001
2.4 CITY-ST-ZIP	***2000.00 ****200.00
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

REMITTED BY MAY 1

H DEPOSITED BY BANK

5/1/95
WAB

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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Danny E. Bundren **DANNY E. BUNDREN** 4-15-95 615-285-2541
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #