

**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 # F93000001119 (7)**

1. Corporation Name

**SCA-CITRUS, INC.**



Principal Place of Business

Mailing Address

**102 WOODMONT BOULEVARD  
SUITE 610  
NASHVILLE TN 37205**

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SUITE 610  
NASHVILLE TN 37205**

3. Date Incorporated or Qualified  
**02/23/1993**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. # etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number  
**62-1516306**

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 has liability for intangible tax under s. 199.032 Florida Statutes  Yes  No

**9. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85

Zip Code

**10. Name and Address of New Registered Agent**

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 the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>C</b>	<input type="checkbox"/> DELETE
NAME	<b>GORDON, JOEL C</b>	
STREET ADDRESS	<b>102 WOODMONT BLVD., SUITE 610</b>	
CITY - ST - ZIP	<b>NASHVILLE FL 37205</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>HAMBURG, WILLIAM J</b>	
STREET ADDRESS	<b>102 WOODMONT BOULEVARD, SUITE 610</b>	
CITY - ST - ZIP	<b>NASHVILLE TN 37205</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>NEAL, CHARLES T</b>	
STREET ADDRESS	<b>102 WOODMONT BLVD., SUITE 610</b>	
CITY - ST - ZIP	<b>NASHVILLE TN 37205</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>VICKERY, E. MICHAEL</b>	
STREET ADDRESS	<b>102 WOODMONT BLVD., SUITE 610</b>	
CITY - ST - ZIP	<b>NASHVILLE TN 37205</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>JONES, TARPLEY B</b>	
STREET ADDRESS	<b>102 WOODMONT BLVD., SUITE 610</b>	
CITY - ST - ZIP	<b>NASHVILLE TN 37205</b>	
TITLE	<b>AVP</b>	<input type="checkbox"/> DELETE
NAME	<b>BUNDREN, DANNY E</b>	
STREET ADDRESS	<b>102 WOODMONT BLVD., SUITE 610</b>	
CITY - ST - ZIP	<b>NASHVILLE TN 37205</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Danny E. Bundren*

**DANNY E. BUNDRÉN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7.2.96

615-386-3541