

**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 # **G64216 (6)**

1. Corporation Name
K.G. HULL, CITRUS, INCORPORATED



Principal Place of Business Mailing Address
**4115 N COURTENAY PKWY (32954-1235)
PO BOX 541235
MERRITT ISLAND FL 32954**

3. Date Incorporated or Qualified **10/10/1983** 3a. Date of Last Report **06/08/1995**

21 Principal Place of Business P.O. Box 541235	22 Suite, Apt. #, etc	26 Mailing Address 4115 N COURTENAY PKWY (32954-1235) PO BOX 541235 MERRITT ISLAND FL 32954	27 Suite, Apt. #, etc	4. FEI Number 59-2327449	Applied For <input type="checkbox"/> Not Applicable
23 City & State MERRITT ISL, FL	24 Zip 32954	25 Country USA	28 City & State	29 Zip	30 Country
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					

9. Name and Address of Current Registered Agent HULL, KATHERINE G. 1012 BARTON BLVD. ROCKLEDGE FL 32955			10. Name and Address of New Registered Agent		
81 Name			82 Street Address (P.O. Box Number is Not Acceptable) 1760 HIDDEN LAKE DR		
83			84 City ROCKLEDGE		
85 Zip Code FL 32955					

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	PS <input type="checkbox"/> DELETE	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HULL, KATHERINE G	12 NAME	
STREET ADDRESS	1012 BARTON BLVD.	13 STREET ADDRESS	1760 HIDDEN LAKE DR
CITY-ST-ZIP	ROCKLEDGE FL	14 CITY-ST-ZIP	ROCKLEDGE, FL 32955
TITLE	VTD <input type="checkbox"/> DELETE	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HULL JR, PERRY FRASURE	22 NAME	
STREET ADDRESS	1012 BARTON BLVD	23 STREET ADDRESS	1760 HIDDEN LAKE DR
CITY-ST-ZIP	ROCKLEDGE FL	24 CITY-ST-ZIP	ROCKLEDGE, FL 32955
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: K. G. Hull 7-15-96 407-453-2558
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (3/96)