

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

PROFIT CORPORATION ANNUAL REPORT 1996	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G77339** (1)

1. Corporation Name

CITRUS TRUCKING COMPANY

Principal Place of Business

1626 90TH AVENUE
P.O. BOX 370
VERO BEACH FL 32961

Mailing Address

1626 90TH AVENUE
P.O. BOX 370
VERO BEACH FL 32961



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

PEREZ, TOMAS RENE
1626 90TH AVENUE
VERO BEACH FL 32960

3. Date Incorporated or Qualified
01/05/1984

3a. Date of Last Report
05/11/1995

4. FEI Number
59-2354406

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

10. Name and Address of New Registered Agent

81 Name
JOHN M. LUTHER, President
82 Street Address (P.O. Box Number is Not Acceptable)
1626 - 90th Avenue
83
Vero Beach, FL 32966
84 City

FL 85 Zip Code
32966

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

John M. Luther, Pres. 4/19/96

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	RICHARDSON, DANFORTH K.	
STREET ADDRESS	1855-28TH AVENUE	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	PEREZ, TOMAS RENE	
STREET ADDRESS	2019 CORTEZ AVENUE	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	HOPKINS, SUSAN R.	
STREET ADDRESS	265 RIVERWAY DR	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RICHARDSON, MARJORIE H.	
STREET ADDRESS	1855 28TH AVE.	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	LUTHER, JOHN M	
STREET ADDRESS	555 S A1A	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	ASD	<input type="checkbox"/> DELETE
NAME	LUTHER, NANCY R	
STREET ADDRESS	555 S A1A HIGHWAY	
CITY-ST-ZIP	VERO BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SANDRA R. KAHLE	
1.3 STREET ADDRESS	6020 S.W. 5th Street	
1.4 CITY-ST-ZIP	Vero Beach, FL 32968	
2.1 TITLE	DIRECTOR, VP.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	GEORGE A. KAHLE	
2.3 STREET ADDRESS	6020 S.W. 5th St.	
2.4 CITY-ST-ZIP	Vero Beach, FL 32968	
3.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	CARTER W. HOPKINS	
3.3 STREET ADDRESS	1580 Gracewood Lane	
3.4 CITY-ST-ZIP	Vero Beach, FL 32963	
4.1 TITLE	AT/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SUSAN R. HOPKINS	
4.3 STREET ADDRESS	1580 Gracewood Lane	
4.4 CITY-ST-ZIP	Vero Beach, FL 32963	
5.1 TITLE		
5.2 NAME		
5.3 STREET ADDRESS	600001810366	
5.4 CITY-ST-ZIP	-05/07/96--01018--016	
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS	***200.00	
6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John M. Luther, President 4/19/96

Date

Daytime Phone #

CR2E034 (12/95)