

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K89494 (4)
1. Corporation Name
CITRUS FINANCIAL SERVICES, INC.

Principal Place of Business 1717 INDIAN RIVER BLVD. P.O. BOX 2560 VERO BEACH FL 32961-9560	Mailing Address 1717 INDIAN RIVER BLVD. P.O. BOX 2560 VERO BEACH FL 32961-9560
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 05/19/1989	
4. FEI Number 65-0136504		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	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent COX, JR. JOSH C. 1295 WINDING OAKS CIRCLE EAST VERO BEACH FL 32963		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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  Josh C. Cox, Jr., Director 4/14/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRACKETT, ROBERT L.	1.2 NAME	
STREET ADDRESS	4620 ROSEWOOD RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, JR. WALTER E.	2.2 NAME	
STREET ADDRESS	8909 20TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BCH FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAVES JR, HUBERT	3.2 NAME	
STREET ADDRESS	4575 ROSEDALE RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, JAMES R.	4.2 NAME	
STREET ADDRESS	1964 6TH AVENUE, SE	4.3 STREET ADDRESS	1250 A NW Bentley Circle
CITY-ST-ZIP	VERO BEACH FL	4.4 CITY-ST-ZIP	Port St. Lucie FL
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASTELLER, EARL H.	5.2 NAME	
STREET ADDRESS	889 ROBIN LN	5.3 STREET ADDRESS	
CITY-ST-ZIP	SEBASTIAN FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHLITT, LOUIS L.	6.2 NAME	
STREET ADDRESS	2410 47 TERR	6.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E034 (10/97)

DIRECTOR LIST CONTINUED FROM PAGE 1:

7.1	TITLE	D
7.2	NAME	COX JR., JOSH C.
7.3	STREET ADDRESS	1295 WINDING OAKS CIRCLE EAST
7.4	CITY-ST-ZIP	VERO BEACH, FL 32963

8.1	TITLE	D
8.2	NAME	LAMBERT, ROY H.
8.3	STREET ADDRESS	990 SANDFLY LANE
8.4	CITY-ST-ZIP	VERO BEACH, FL 32963