FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 PM 11:36

DOCUMENT # **L55565** **(0)**

1. Corporation Name

CITRUS SITE SERVICES, INC.

Principal Place of Business	Mailing Address
140 N. SPORTSMAN PT. INVERNESS FL 34453 US	P.O. DRAWER 609 FLORA CITY FL 34436 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/08/1990
3a. Date of Last Report: 04/20/1994

2. Principal Place of Business	2a. Mailing Address
21 140 B N. Sportsman Pt	26 140 B N Sportsman PA
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Inverness FL
City & State 23	City & State 28 34453
Zip / Country 24 / 25	Zip / Country 29 / 30 USA

4. FEI Number: 59-2974312 ☐ 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	10. Name and Address of New Registered Agent
MOMAN, DANNY GLYNN 8500 S. BLUFF PT. FLORAL CITY FL 32636	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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 _____ DATE
Registered Agent's typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	MOMAN, DANNY GLYN	12 NAME	
STREET ADDRESS	8500 S. BLUFF PT.	13 STREET ADDRESS	
CITY-ST-ZIP	FLORAL CITY FL	14 CITY-ST-ZIP	
TITLE	VPD	21 TITLE	☐ Change ☐ Addition
NAME	HUNT, RICHARD M	22 NAME	
STREET ADDRESS	140 N. SPORTSMAN PT.	23 STREET ADDRESS	
CITY-ST-ZIP	INVERNESS FL	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	HUNT, MARGARET E	32 NAME	
STREET ADDRESS	140 N. SPORTSMAN PT.	33 STREET ADDRESS	
CITY-ST-ZIP	INVERNESS FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ 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)(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.

SIGNATURE: Margaret E Hunt See 3/31/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Title — Daytime Phone #
Margaret E Hunt

045A078 FP