SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/1/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT #** L55565 (0)CITRUS SITE SERVICES, INC. Principal Place of Business Mailing Address 140 B N. SPORTSMAN PT 140 B N. SPORTSMAN PT INVERNESS FL 34453 INVERNESS FL 34453 3. Date Incorporated or Qualified 3a. Date of Last Report 03/08/1990 04/04/1995 2. Principal Place of Business 2a. Mailing Address 4 FEI Number Applied For 21 26 59-2974312 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & Stale City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zin Country 8. This corporation has liability for intangible tax under s. 199 032 24 25 Yes Yo 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MOMAN, DANNY GLYNN Street Address (P.O. Box Number is Not Acceptable) 82 83 84 NUCINESS 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 professioner of registered agent and the if applicable (NOTE: Registered Agent signature required when reinstating) 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8)TITLE DELETE 111006 Change Addition MOMAN, DANNY GLYN NAME 1.2 NAME CR2E034 8500 S. BLUFF PT. STREET ADDRESS 1.3 STREET ADDRESS FLORAL CITY FL CITY-ST-ZIP 14 CITY - ST - ZIP TITLE DELETE 2.1 TITLE Change Addition Deletes 2.2 NAME ALL COORTOLINE STREET ADDRESS 2.3 STREET ADDRESS INNEONIECC EL CITY-ST-ZIP 2 4 CITY - ST - ZIP TITLE DELETE 3 1 TITLE 3/0 Change Addition NAME HUNT, MARGARET E 3.2 NAME 140 N. SPORTSMAN PT. STREET ADDRESS 3.3 STREET ADDRESS INVERNESS FL CITY - ST - ZIP 34 CITY ST-ZIP THILE DELETE 4.1 TrTLE Change Addition NAME 4 2 NAME STREET ADDRESS 4 3 STREET ADDRESS CITY-ST-ZIP 4 4 CITY - ST - ZIP TITLE DELETE 5 I TITLE Change Addition NAME **5.2 NAME** STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 54 CHY-ST-ZIP THEF DELETE 6.1 TiTLE Change Addition NAME 6.2 NAME STREET ADDRESS 6 3 STREET ADDRESS CITY-ST-ZIP 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 617. Florida Statutes, and that my name appears in Block 13 if changed, or on an attachment with an address SIGNATURE: