

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L80738

1. Corporation Name
CITRUS FLYERS, INC.

Principal Place of Business

% CHARLES T. SMITH
549 ALACHUA
WINTER HAVEN FL 33884

Mailing Address

% CHARLES T. SMITH
549 ALACHUA
WINTER HAVEN FL 33884

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90055 039 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/14/1990

4. FEI Number

NOT APPLICABLE

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 owes the current year Intangible
Personal Property Tax.

Yes ☐ No ☒

2. Principal Place of Business

21 % BARRY STEPHENS

2a. Mailing Address

26 % BARRY STEPHENS

Suite, Apt. #, etc.

22 3510 CONINE DR.

Suite, Apt. #, etc.

27 3510 CONINE DR.

City & State

23 WINTER HAVEN, FL

City & State

28 WINTER HAVEN, FL.

Zip

24 33881 25 USA

Zip

29 33881 30 USA

9. Name and Address of Current Registered Agent

SMITH, CHARLES T.
549 ALACHUA
WINTER HAVEN FL 33884

10. Name and Address of New Registered Agent

81 Name

STEPHENS, BARRY

82 Street Address (P.O. Box Number is Not Acceptable)

3510 CONINE DR.

83

84 City

WINTER HAVEN FL

85 Zip Code

33881

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 BARRY STEPHENS

Barry Stephens

3-12-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME SELLET, JACK
STREET ADDRESS 2006 LEISURE DR
CITY-ST-ZIP WINTER HAVEN FL

DELETE

TITLE D
NAME SMITH, CHARLES T.
STREET ADDRESS 549 ALACHUA
CITY-ST-ZIP WINTER HAVEN FL

DELETE

TITLE D
NAME TRIBBLE, JERRY
STREET ADDRESS 6333 W NEWMAN CIR
CITY-ST-ZIP LAKELAND FL

DELETE

TITLE D
NAME OSBURN, RON
STREET ADDRESS 1502 DRETEL AVE NE
CITY-ST-ZIP WINTER HAVEN FL

DELETE

TITLE D
NAME STEPHENS, BARRY
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME STEPHENS, BARRY
1.3 STREET ADDRESS 3510 CONINE DR
1.4 CITY-ST-ZIP WINTER HAVEN FL 33881

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

17 Apr 1999 941293 9760

Date

Daytime Phone #

CR2E034 (11/98)