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FILED

Feb 11 1997 8:00am  
Secretary of StatePROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # M79919

(0)

1. Corporation Name  
CITRICORP, INC.

Principal Place of Business

\* RONALD P. GRIGSBY  
BOX 985  
LAKE PLACID FL 33852

Mailing Address

\* RONALD P. GRIGSBY  
BOX 985  
LAKE PLACID FL 33862-09853. Date Incorporated or Qualified  
05/04/19883a. Date of Last Report  
02/07/1996

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

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9. Name and Address of Current Registered Agent

GRIGSBY, RONALD P.  
4101 HIGHWAY 70 EAST  
LAKE PLACID FL 33852

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

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME GRIGSBY, SAMUEL F., JR  
STREET ADDRESS 1070 ST IVES CT  
CITY-ST-ZIP MORRISTOWN TN ☐ DELETE1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIPTITLE D  
NAME GRIGSBY, RONALD P.  
STREET ADDRESS 2123 REANEY ROAD  
CITY-ST-ZIP LAKELAND FL ☐ DELETE2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIPTITLE D  
NAME GULLEY, JAMES W.  
STREET ADDRESS 1232 AYRSHIRE ST.  
CITY-ST-ZIP ORLANDO FL ☐ DELETE3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE D  
NAME GRIGSBY, LESLIE B.  
STREET ADDRESS 1070 ST IVES CT  
CITY-ST-ZIP MORRISTOWN TN ☐ DELETE4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE D  
NAME GRIGSBY, CATHARINE E.  
STREET ADDRESS 2123 REANEY ROAD  
CITY-ST-ZIP LAKELAND FL ☐ DELETE5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE D  
NAME GULLEY, MARTHA G.  
STREET ADDRESS 1232 AYRSHIRE ST.  
CITY-ST-ZIP ORLANDO FL ☐ DELETE6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RONALD P. GRIGSBY 1/17/97

941-465-4455

Date

Daytime Phone #

CR2E034 (9/96)