

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

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90129 003 \*\*\*150.00

DOCUMENT # **M79919**

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 33852

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/04/1988**

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

4. FEI Number

**59-3024538**

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**2-11-99**

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE  
NAME **GRIGSBY, SAMUEL F., JR**  
STREET ADDRESS **1070 ST IVES CT**  
CITY-ST-ZIP **MORRISTOWN TN**

TITLE **D** ☐ DELETE  
NAME **GRIGSBY, RONALD P.**  
STREET ADDRESS **2123 REANEY ROAD**  
CITY-ST-ZIP **LAKE LAND FL**

TITLE **D** ☐ DELETE  
NAME **GULLEY, JAMES W.**  
STREET ADDRESS **1232 AYRSHIRE ST.**  
CITY-ST-ZIP **ORLANDO FL**

TITLE **D** ☐ DELETE  
NAME **GRIGSBY, LESLIE B.**  
STREET ADDRESS **1070 ST IVES CT**  
CITY-ST-ZIP **MORRISTOWN TN**

TITLE **D** ☐ DELETE  
NAME **GRIGSBY, CATHARINE E.**  
STREET ADDRESS **2123 REANEY ROAD**  
CITY-ST-ZIP **LAKE LAND FL**

TITLE **D** ☐ DELETE  
NAME **GULLEY, MARTHA G.**  
STREET ADDRESS **1232 AYRSHIRE ST.**  
CITY-ST-ZIP **ORLANDO FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ 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

**2-11-99**

Date

**941-465-4455**

Daytime Phone #

CR2E034 (1/98)