FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N40523 (5)

1. Corporation Name
CITRUS COUNTY TAXPAYERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
222 E HARVARD ST 222 E HARVARD ST. INVERNESS FL 34452 US	222 E. HARVARD ST. 222 E HARVARD ST. INVERNESS FL 34452 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/24/1990
3a. Date of Last Report: 04/18/1994
4. FEI Number: 59-3034116 ☐ Applied For ☐ Not Applicable

21 2. Principal Place of Business: 222 E. HARVARD ST.	26 2a. Mailing Address: SAME
22 Suite, Apt. #, etc.: —	27 Suite, Apt. #, etc.: —
23 City & State: INVERNESS, FL.	28 City & State: —
24 Zip: 34452 25 Country: ~~FL~~ US	29 Zip: — 30 Country: —

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PYLE, DAVID
210 CABOT ST
INVERNESS FL 34452

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 _____ DATE
Signature, 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	D	1.1 TITLE	☐ Change ☐ Addition
NAME	DROLET, HAROLD	1.2 NAME	
STREET ADDRESS	416 PARK AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	INVERNESS FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	☐ Change ☐ Addition
NAME	PYLE, DAVID	2.2 NAME	
STREET ADDRESS	210 CABOT ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	INVERNESS FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	TRIGIN, RALPH	3.2 NAME	
STREET ADDRESS	1312 LAKESHORE DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	INVERNESS FL	3.4 CITY-ST-ZIP	
TITLE	P	4.1 TITLE	☐ Change ☐ Addition
NAME	PETRANGELO, CARMINE L.	4.2 NAME	
STREET ADDRESS	222 E. HARVARD STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	INVERNESS FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	SCHAW, ANN	5.2 NAME	
STREET ADDRESS	811 EDEN DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	INVERNESS FL	5.4 CITY-ST-ZIP	
TITLE		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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Carmine L. Petrangelo CARMINE L. PETRANGELO 4/24/95 (904) 637-5654
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0086004