


# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90132 029 \*\*\*\*61.25

<b>DOCUMENT #</b> N93000002393	
<b>1. Entity Name</b> CITRUS "A"S INC.	

<b>Principal Place of Business</b> P.O. BOX 973 LECANTO FL 34460	<b>Mailing Address</b> P.O. BOX 973 LECANTO FL 34460
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

<b>City &amp; State</b>	<b>City &amp; State</b>
<b>Zip</b>	<b>Country</b>

<b>4. FEI Number</b> 59-3240346	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>
DE TOMASI, JERRY 5454 S CONCORD TER INVERNESS FL 34452

<b>7. Name and Address of New Registered Agent</b>
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

**8.** The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
<b>TITLE</b> VPD	<input type="checkbox"/> Delete
<b>NAME</b> BROWN, ROYAL	
<b>STREET ADDRESS</b> 8740 E. LAREN CT	
<b>CITY-ST-ZIP</b> INVERNESS FL 34450	
<b>TITLE</b> PD	<input type="checkbox"/> Delete
<b>NAME</b> HARVEY, EUGENE	
<b>STREET ADDRESS</b> 20828 SW 93RD LANE RD	
<b>CITY-ST-ZIP</b> DUNNELLON FL 34431	
<b>TITLE</b> S	<input type="checkbox"/> Delete
<b>NAME</b> LOSEBY, PAUL	
<b>STREET ADDRESS</b> 5620 W CROSSMOOR	
<b>CITY-ST-ZIP</b> LECANTO FL 34461	
<b>TITLE</b> T	<input type="checkbox"/> Delete
<b>NAME</b> DE TOMASI, JERRY	
<b>STREET ADDRESS</b> 5454 S CONCORD TERR	
<b>CITY-ST-ZIP</b> INVERNESS FL 34452	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**12.** 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *[Signature]* **DATE:** 2/7/03 **Daytime Phone #** \_\_\_\_\_

CR2E037 (10/02)