

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 16 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000004658 (9)**

1. Corporation Name  
**CITRUS 20/20 INC.**



Principal Place of Business <b>2 BYRSONMA COURT WEST HOMOSASSA FL 34446</b>	Mailing Address <b>PO BOX 1043 INVERNESS FL 34451-1043 US</b>
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3. Date Incorporated or Qualified  
**09/29/1995**

4. FEI Number <b>65-0616903</b>	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business <b>21 89 Douglas St.</b>	2a. Mailing Address <b>26 Suite, Apt. #, etc.</b>
<b>22</b>	<b>27</b>
City & State <b>23 Homosassa, FL</b>	City & State <b>28</b>
Zip <b>24 34446</b>	Country <b>25 USA</b>
<b>29</b>	<b>30</b>

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. Is this nonprofit corporation a homeowners association?  
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WELCH, WILLIAM H  
2 BYRSONMA COURT WEST  
HOMOSASSA FL 34446**

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			<b>FL</b>	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	DC	<input checked="" type="checkbox"/> DELETE
NAME	<b>WELCH, WILLIAM H</b>	
STREET ADDRESS	<b>2 BYRSONMA COURT WEST</b>	
CITY-ST-ZIP	<b>HOMOSASSA FL 34446</b>	

1.1 TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Curt Ebitz</b>	
1.3 STREET ADDRESS	<b>89 Douglas St</b>	
1.4 CITY-ST-ZIP	<b>Homosassa, FL 34446</b>	

TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	<b>CRAIG, AVIS M</b>	
STREET ADDRESS	<b>840 E. HWY 44</b>	
CITY-ST-ZIP	<b>CRYSTAL RIVER FL 34429-4399</b>	

2.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Ren Renfro</b>	
2.3 STREET ADDRESS	<b>2255 N. Watersedge Dr.</b>	
2.4 CITY-ST-ZIP	<b>Crystal River, FL 34429</b>	

TITLE	DT	<input type="checkbox"/> DELETE
NAME	<b>LONG, SALLY</b>	
STREET ADDRESS	<b>8278 SOUTH BEDFORD ROAD</b>	
CITY-ST-ZIP	<b>FLORAL CITY FL 34436</b>	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	<b>NAME, PATIENCE</b>	
STREET ADDRESS	<b>40 PINE ST, SMV</b>	
CITY-ST-ZIP	<b>HOMASASSA FL</b>	

4.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Jimmie Bryant</b>	
4.3 STREET ADDRESS	<b>251 E. Knightsbridge Pl.</b>	
4.4 CITY-ST-ZIP	<b>Leclaire, FL 34461</b>	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Sally Long*

4/8/98

(352)344-3918

CR2E037 (10/97)