FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

2000 UBE

FLORIDA DEPARTMENT OF STATE
[illegible] Harris
Secretary of State
[illegible]CATIONS

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N95000004658

1. Corporation Name

CITRUS 20/20 INC.

Principal Place of Business	Mailing Address
~~89 DOUGLAS ST~~ ~~HOMOSASSA FL 34446~~ ~~US~~	~~PO BOX 1043~~ ~~INVERNESS FL 34451-1043~~ ~~US~~

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21 2476 N. Essex Ave	26 P.O. Box 1141	09/29/1995
Suite, Apt. #, etc. 22 C/o Avis M. Craig	Suite, Apt. #, etc. 27	4. FEI Number 65-0616903 ☐ Applied For ☐ Not Applicable
City & State 23 Hernando FL	City & State 28 Lecanto, FL	5. Certifcate of Status Desired ☐ $8.75 Additional Fee Required
Zip / Country 24 34442 25 USA	Zip / Country 29 34460- 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WELCH, WILLIAM H 2 BYRSONIMA COURT WEST HOMOSASSA FL 34446	81 Name: Ernie Zellmer 82 Street Address (P.O. Box Number is Not Acceptable): 4255 N. Indian river Dr. 83 84 City: Hernando FL 85 Zip Code: 34442

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 _____ 11 Aug 2000
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	☒ DELETE	1.1 TITLE	DC	☒ Change ☐ Addition
NAME	EBITZ, CURT		1.2 NAME	~~Janice~~ Warren, Janice	
STREET ADDRESS	89 DOUGLAS ST		1.3 STREET ADDRESS	1180 N. Circle Drive	
CITY-ST-ZIP	HOMOSASSA FL 34446		1.4 CITY-ST-ZIP	Crystal River, FL 34429	
TITLE	DV	☐ DELETE	2.1 TITLE	DV	☒ Change ☐ Addition
NAME	RENFRO, REN		2.2 NAME	Calloway, C.L.	
STREET ADDRESS	2255 N. WATERSEDGE DRIVE		2.3 STREET ADDRESS	4356 W. Sandy Hill Sta	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429		2.4 CITY-ST-ZIP	Lecanto, FL 34461	
TITLE	DT	☒ DELETE	3.1 TITLE	DT	☒ Change ☐ Addition
NAME	LONG, SALLY		3.2 NAME	Zellmer, Ernie	
STREET ADDRESS	8278 SOUTH BEDFORD ROAD		3.3 STREET ADDRESS	4255 N. Indian river Dr	
CITY-ST-ZIP	FLORAL CITY FL 34436		3.4 CITY-ST-ZIP	Hernando, Fl 34442	
TITLE	DS	☒ DELETE	4.1 TITLE	DS	☒ Change ☐ Addition
NAME	BRYANT, JIMMIE		4.2 NAME	Craig, Avis	
STREET ADDRESS	351 E. KNIGHTSBRIDGE PL		4.3 STREET ADDRESS	10992 N. Citrus Ave	
CITY-ST-ZIP	LECANTO FL 34461		4.4 CITY-ST-ZIP	Crystal River, FL 34428	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS	200003804432--3	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	-08/06/00--01111--002	
TITLE		☐ DELETE	6.1 TITLE	*****61.25	☒ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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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, with all other like empowered.

SIGNATURE: Avis M. Craig Avis M. Craig 8/21/00 (352)564-2346
Date