

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P93000071705 (6)

1. Corporation Name

THE CITRUS STORE, INC.

FILED

95 JUL 25 AM 8:59

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

Principal Place of Business
**RT 1 BOX 238
WAUCHULA FL 33873**

Mailing Address
**RT 1 BOX 238
WAUCHULA FL 33873**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/08/1993	3a. Date of Last Report 02/18/1994
4. FEI Number 65-0445334	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 has liability or insurance (as under s. 182.002, Florida Statutes) ☒ Yes ☐ No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
City 24	City 29
County 25	County 30

9. Name and Address of Current Registered Agent

**SMITH, JOSEPH F
RT 1 BOX 238
MAXWELL RD
WAUCHULA FL 33873**

10. Name and Address of New Registered Agent

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

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

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	SMITH JOSEPH F., RT., BOX 238 MAXWELL RD. WAUCHULA FL 33873	11 TITLE ☐ Change ☐ Addition	
NAME		12 NAME	
STREET ADDRESS		13 STREET ADDRESS	
CITY - ST - ZIP		14 CITY - ST - ZIP	
TITLE VP	SMITH, DANIEL M., P.O. BOX 156 CHURCH AVE. BOWLING GREEN FL 33873	21 TITLE ☐ Change ☐ Addition	
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY - ST - ZIP		24 CITY - ST - ZIP	
TITLE S	SMITH, MARY M., RT. 1, BOX 238 MAXWELL RD. N/A WAUCHULA FL 33873	31 TITLE ☐ Change ☐ Addition	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE T	ABBOTT JAMA S., RT. BOX 134 SR 84 N/A BOWLING GREEN FL 33834	41 TITLE ☐ Change ☐ Addition	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE ☐ Change ☐ Addition	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE ☐ Change ☐ Addition	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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 110.07(3)(b), 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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daniel M. Smith **Daniel M. Smith**

DATE

7/21/95

TELEPHONE #

(941) 773-3614

CR2E034 (3/95)