

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
3900 W. BAY
TALLAHASSEE, FLORIDA 32309

DOCUMENT # P94000071949 (9)

CITRUS EXPRESS EMPLOYMENT AGENCY, INC.

APPROVED
AND
FILED

55 MAY -1 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

95 MAY -1
SECRETARY
TALLAHASSEE

Principal Place of Business: P.O. BOX 900 WINTER HAVEN FL 33882
Mailing Address: P.O. BOX 900 WINTER HAVEN FL 33882

DO NOT WRITE IN THIS SPACE

2. Filing Fee (See Sec. 218.001)		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		09/30/1994			
4. FEI Number		Applied For		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
59-3270507		Not Applicable		<input type="checkbox"/>			
6. Fictitious Campaign Financing Trust Fund Contribution		7. This corporation has liability for intangible tax under S. 191.032 Florida Statutes		<input type="checkbox"/>		\$5.00 May Be Added to Fees	
		<input type="checkbox"/>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LOGKWOOD, DOUGLAS A III 141 5TH ST., NW SUITE 300 WINTER HAVEN FL 33881				B1. State			
				B2. Street Address, P.O. Box Number or Post Office			
				B3. City			
				B4. State		B5. Zip Code	
FL							

11. This agent, the person and the corporation are all duly qualified Florida entities. This statement for the purpose of changing the registered office of a corporation is not valid in the State of Florida until a change was authorized by the corporation's board of directors. Thereby, accept the appointment as registered agent. This statement is not valid for the purpose of a new filing in the State of Florida.

SIGNATURE: _____

12. REGISTERED AGENT INFORMATION		13. ADDRESS INFORMATION	
NAME	D BURKE, JOSEPH M P.O. BOX 900 N/A WINTER HAVEN FL 33882	NAME	P/D
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP CODE		ZIP CODE	
DATE		DATE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP CODE		ZIP CODE	
DATE		DATE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP CODE		ZIP CODE	
DATE		DATE	

14. I, the undersigned, certify that the information supplied with the filing is substantially true and correct and that I am duly qualified to act as a registered agent for the corporation. I further certify that the information indicated on this filing is not a fraudulent attempt to evade or avoid any tax liability and that the corporation shall have the same legal effect as if made under oath. This filing is effective as of the date of filing for the purpose of the filing only. Signed for the purpose of the filing only. Signed for the purpose of the filing only. Signed for the purpose of the filing only.

SIGNATURE: Joseph M. Burke 4/25/95 815 249-3577
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR