

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000071949 (9)

1. Corporation Name

CITRUS EXPRESS ENTERPRISES, INC.



Principal Place of Business

Mailing Address

P.O. BOX 900
WINTER HAVEN FL 33882

P.O. BOX 900
WINTER HAVEN FL 33882

3. Date Incorporated or Qualified
09/30/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

59-3270507

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 for intangible tax under s 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOCKWOOD, DOUGLAS A III
141 5TH ST., NW
SUITE 300
WINTER HAVEN FL 33881

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 of officer or director of corporation or registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

4/9/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME BURKE, JOSEPH M
STREET ADDRESS P.O. BOX 900 N/A, 3601 OLD NINE FOOT RD.
CITY-ST-ZIP WINTER HAVEN FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VP ☐ DELETE
NAME ROE, QUENTIN J
STREET ADDRESS PO BOX 900, 2932 CR43RD BORN RD
CITY-ST-ZIP WINTER HAVEN, FL 33882-0900

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE SECRETARY ☐ DELETE
NAME ROE, MORGAN H
STREET ADDRESS PO BOX 900, 2331 HERENA ROAD
CITY-ST-ZIP WINTER HAVEN, FL 33882-0900

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DIRECTOR ☐ DELETE
NAME BURKE, MARTHA ROE
STREET ADDRESS PO BOX 900, 3601 OLD NINE FOOT RD
CITY-ST-ZIP WINTER HAVEN, FL 33882-0900

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DIRECTOR ☐ DELETE
NAME ROE, WILLIAM G, III
STREET ADDRESS P.O. BOX 900, 4201 OLD NINE FOOT RD.
CITY-ST-ZIP WINTER HAVEN, FL 33882-0900

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 119.07(3)(k), 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 unchanged, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/96

741 294-3577

Date

Daytime Phone #

CR2E034 (12/95)