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FILED
Sep 23 1998 8:00am
Secretary of State

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

PROFIT CORPORATION ANNUAL REPORT **1998**

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

(31)

DOCUMENT # **P94000083938 (8)**

1. Corporation Name
HEALTHY YOU FOOD MARKET OF MARCO, INC.

Principal Place of Business	Mailing Address
1083 N COLLIER BLVD UNIT #320 MARCO ISLAND FL 34145 US	1083 N COLLIER BLVD UNIT #320 MARCO ISLAND FL 34145 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21: 140 DOANE ST	2a. Mailing Address 26: 140 DOANE ST.
Suite, Apt. #, etc. 22:	Suite, Apt. #, etc. 27:
City & State 23: COHASSET, MA	City & State 28: COHASSET, MA
Zip 24: 02025 — Country 25: USA	Zip 29: 02025 — Country 30: USA

3. Date Incorporated or Qualified: 11/14/1994
4. FEI Number: 65-0537832 — [ ] Applied For [X] Not Applicable
5. Certificate of Status Desired [X] — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees
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

DEWAR, MARK A
1083 N COLLIER BLVD
UNIT #320
MARCO ISLAND FL 34145

10. Name and Address of New Registered Agent

81 Name: DEWAR, MARK A
82 Street Address (P.O. Box Number is Not Acceptable): ~~140 DOANE STREET~~
83: 1858 WOODBINE CT
84 City: ~~COHASSET~~ MARCO ISLAND ~~MA~~ FL 85 Zip Code: ~~02025~~ 34145

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: Mark A Dewar — DATE: 9-14-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	E	[ ] DELETE	1.1 TITLE	VP/S [X] Change [ ] Addition
NAME	DEWAR, THRESA B		1.2 NAME	DEWAR THRESA B
STREET ADDRESS	1083 N COLLIER BLVD, #320		1.3 STREET ADDRESS	140 Doane St
CITY-ST-ZIP	MARCO ISLAND FL		1.4 CITY-ST-ZIP	COHASSET, MA 02025
TITLE	E	[ ] DELETE	2.1 TITLE	P/T [X] Change [ ] Addition
NAME	DEWAR, MARK A		2.2 NAME	DEWAR MARK A
STREET ADDRESS	1083 N COLLIER BLVD, #302		2.3 STREET ADDRESS	140 DOANE ST
CITY-ST-ZIP	MARCO ISLAND FL		2.4 CITY-ST-ZIP	COHASSET, MA 02025
TITLE		[ ] DELETE	3.1 TITLE	[ ] Change [ ] Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		[ ] DELETE	4.1 TITLE	[ ] Change [ ] Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		[ ] DELETE	5.1 TITLE	[ ] Change [ ] Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		[ ] DELETE	6.1 TITLE	[ ] Change [ ] Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (5/98)

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

SIGNATURE: Mark A Dewar — MARK A DEWAR — 9-14-98

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
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PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # J84485 (8)

1. Corporation Name
CITRUS BANK

Principal Place of Business
1001 BUENAVENTURA BLVD.
KISSIMMEE FL 34743-7866

Mailing Address
1001 BUENAVENTURA BLVD.
KISSIMMEE FL 34743-7866

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/12/1988
4. FEI Number: 59-2909288 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business
21 2861 S. Delaney Avenue
Suite, Apt. #, etc.
22
City & State
23 Orlando, Florida
24 Zip 32806 25 Country USA

2a. Mailing Address
26 2861 S. Delaney Avenue
Suite, Apt. #, etc.
27
City & State
28 Orlando, Florida
29 Zip 32806 30 Country USA

9. Name and Address of Current Registered Agent
LOWE, CHARLES B JR
1011 BUENAVENTURA BLVD
KISSIMMEE FL 34743

10. Name and Address of New Registered Agent
81 Name: Kenneth E. Brewer, Jr.
82 Street Address (P.O. Box Number is Not Acceptable): 2861 S. Delaney Avenue
83
84 City: Orlando FL 85 Zip Code: 32806

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] EXEC. V.P. AND C.F.O., CORPORATE SECRETARY 9/15/98
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	CD	☐ DELETE	1.1 TITLE	EVPS	☐ Change ☒ Addition
NAME	BURDEN, RANDY O		1.2 NAME	Brewer, Kenneth E., Jr.	
STREET ADDRESS	1611 S. SUMMERLIN AVE.		1.3 STREET ADDRESS	4049 Conway Place Circle	
CITY-ST-ZIP	ORLANDO FL 32806		1.4 CITY-ST-ZIP	Orlando, Fl 32812	
TITLE	D	☒ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	DRAGE, THOMAS B JR		2.2 NAME	Drage, Thomas B., Jr.	
STREET ADDRESS	155 BREWER AVE.		2.3 STREET ADDRESS	138 Detmar Drive	
CITY-ST-ZIP	WINTER PARK FL 32789		2.4 CITY-ST-ZIP	Winter Park, Fl 32789	
TITLE	D	☐ DELETE	3.1 TITLE	EVP	☐ Change ☒ Addition
NAME	HOLCOMB, A. KEITH JR		3.2 NAME	Grace, Donald W.	
STREET ADDRESS	918 ALBA DR.		3.3 STREET ADDRESS	1030 N. Park Avenue	
CITY-ST-ZIP	ORLANDO FL 32804		3.4 CITY-ST-ZIP	Winter Park, Fl 32789	
TITLE	D	☒ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	HOOKER, DOUGLAS P		4.2 NAME	Hooker, Douglas P.	
STREET ADDRESS	1140 MAYGFIELD AVE.		4.3 STREET ADDRESS	9245 Sloane Street	
CITY-ST-ZIP	WINTER GARDEN FL 32789		4.4 CITY-ST-ZIP	Orlando, Fl 32827	
TITLE	SVPC	☒ DELETE	5.1 TITLE	SVPC	☐ Change ☒ Addition
NAME	JAMISON, PETER O		5.2 NAME	Dickerson, Sharyn E.	
STREET ADDRESS	5 STONE GATE S.		5.3 STREET ADDRESS	256 Hunters Point Trail	
CITY-ST-ZIP	LONGWOOD FL 32779		5.4 CITY-ST-ZIP	Longwood, Fl 32779	
TITLE		☐ DELETE	6.1 TITLE	EVP	☐ Change ☒ Addition
NAME			6.2 NAME	McClanahan, Michael L.	
STREET ADDRESS			6.3 STREET ADDRESS	1100 S. Orlando Avenue #602	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Maitland, Fl 32751	

CR2E034 (5/98)

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

SIGNATURE: [signature] (407) 428-9338