

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P94000084019 (6)

1. Corporation Name

CITRUS DEPOT, INC.

**APPROVED
AND
FILED**

95 APR -5 PM 1:52

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

— DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
101 US HWY 27 MINNEOLA FL 34755	P.O. BOX 633 GROVELAND FL 34736

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

3. Date Incorporated or Qualified	3a. Date of Last Report
11/14/1994	
4. FEI Number	Applied For
59-3279546	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	
HORTON, DENNIS 900 W. HWY 50 CLERMONT FL 34711	

10. Name and Address of New Registered Agent	
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 typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	1.1 TITLE	☐ Change ☐ Addition
NAME	DRAWDY, RODNEY E	1.2 NAME	
STREET ADDRESS	P.O. BOX 633 N/A	1.3 STREET ADDRESS	700001450637
CITY - ST - ZIP	GROVELAND FL 34736	1.4 CITY - ST - ZIP	-04/07/95--01048--011
TITLE	VP&D	2.1 TITLE	*****200.00 *****200.00
NAME	DRAWDY, ANN	2.2 NAME	☐ Change ☐ Addition
STREET ADDRESS	303 POMELO ST.	2.3 STREET ADDRESS	
CITY - ST - ZIP	GROVELAND FL 34736	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 1 (0-07(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 on an attachment with an addendum.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF DRIVING OFFICER ON LICENSE