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 # **P94000085496 (5)**

NC 2/26/96

1. Corporation Name

~~ORANGE TRANSPORTATION CORPORATION~~

Citrus Transportation Corporation

Principal Place of Business	Mailing Address
POST OFFICE BOX 568245 ORLANDO FL 32856	POST OFFICE BOX 568245 ORLANDO FL 32856

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

3. Date Incorporated or Qualified 11/21/1994	3a. Date of Last Report 05/01/1995
4. FEI Number 59-3279962	☐ 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

SHAW, PAMELA N
645 W. MICHIGAN STREET
ORLANDO FL 32856

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required if changing registered agent)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BURDEN, RANDY O		1.2 NAME	
STREET ADDRESS	1611 S. SUMMERLIN AVENUE		1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	
TITLE	DVP	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HOOKER, DOUGLAS P		2.2 NAME	
STREET ADDRESS	5511 HANSEL AVENUE		2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP	
TITLE	DVP	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	HANFORD, THOMAS J		3.2 NAME	
STREET ADDRESS	2565 S. OCEAN BOULEVARD, 306 NORTH		3.3 STREET ADDRESS	
CITY-ST-ZIP	HIGHLAND BEACH FL		3.4 CITY-ST-ZIP	
TITLE	DVP	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MAXWELL, JOHN W		4.2 NAME	
STREET ADDRESS	6550 N.W. 83RD TERRACE		4.3 STREET ADDRESS	
CITY-ST-ZIP	PARKLAND FL		4.4 CITY-ST-ZIP	
TITLE	ST	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	SHAW, PAMELA N		5.2 NAME	
STREET ADDRESS	2901 S. OSCEOLO ST		5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		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	

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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 if changed, or on an attachment with an address.

SIGNATURE: Pamela N. Shaw 4-26-96 (407) 426-8252
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Pamela N. Shaw