


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 23 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P96000000906 (3)**

1. Corporation Name  
**CITRUS TITLE CO., INC.**

Principal Place of Business <b>213 COURTHOUSE SQUARE INVERNESS FL 34450</b>	Mailing Address <b>213 COURTHOUSE SQUARE INVERNESS FL 34450-4840</b>
--	---



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/26/1995</b>	3a. Date of Last Report <b>05/01/1996</b>
21		26 <b>P.O. Box 1437</b>		4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
22 Suite, Apt. #, etc.		27 <b>B</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 City & State		28 <b>CRISTAL RIVER, FL</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 Zip	Country	29 Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25		30	<b>USA</b>		

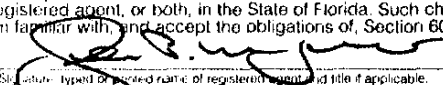
9. Name and Address of Current Registered Agent

**SMITH, JAMES W  
1901 WEST COLONIAL DRIVE  
ORLANDO FL 32804**

10. Name and Address of New Registered Agent

81 Name <b>McKeever, John P.</b>	85 Zip Code <b>34471</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>2100 SE 17th Street</b>	
83 Suite 300	
84 City <b>Ocala, FL</b>	

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  **John P. McKeever** **5-15-97**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SMITH, JAMES W</b>		1.2 NAME	
STREET ADDRESS <b>1901 WEST COLONIAL DRIVE</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>ORLANDO FL 32804</b>		1.4 CITY-ST-ZIP	
TITLE <b>DIRECTOR</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>DIRECTOR</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>KENNETH H. MACKAY III</b>		2.2 NAME <b>KENNETH H. MACKAY III</b>	
STREET ADDRESS <b>216 NE 1st AVENUE</b>		2.3 STREET ADDRESS <b>216 NE 1st AVENUE</b>	
CITY-ST-ZIP <b>OCALA, FL 34470</b>		2.4 CITY-ST-ZIP <b>OCALA, FL 34470</b>	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:  **5-9-97** **852-295-0525**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)