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

PROFIT
CORPORATION
ANNON REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jun 09 1997 8:00am

Secretary of State

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Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## POCUMENT # P96000095381 (5)

CITRUS SELECT SERVICES, INC.

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Principal Place of Business Mailing Address					a tabusan ma mum bilat 46 mi dalil adii	I BRITA INTO MITAN INTO LAIDE SOUL TOUR
1810 SOUTH VOLUSIA AVENUE ORANGE CITY FL \$2763		1810 SOUTH VOLUSIA AVENUE ORANGE CITY FL 32783-7351				
					3. Date Incorporated or Qualified	3a. Date of Last Report
					11/21/1996	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-3420675	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt #, etc	),			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required	
City & State	9	City & State	Cily & State		6. Election Campaign Financing \$5.00 May Be	
23		28			Trust Fund Contribution Added to Fees	
Zip	Country Zip		Cour	ntry	8. This corporation has liability for intangible tax under s. 199.032,	
24	25 29 30		30			Yes No
					10. Name and Address of New Re	gistered Agent
	IT R. BORGLUM, P.A.			B1 Name		
366	E GRAVES AVENUE		ļ	82 Street Add	ress (P.O. Box Number is Not Acceptab	(b)
SUITE 8				1884	W. Charingeros	s Circle
ORANGE CITY FL 32763					/	, , ,
•			ŀ	84 City	1	85 Zip Code
				Lal	Lo Mary	- FL     33,34/ <sub>2</sub>
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida S	Statutes, the ab	ove-named corp	poration submits this statement for the p	urpose 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 age			Agont signature requi		DATE
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	
TITLE	D DELLETE					Change Addition
NAME	HUTCHENS, THOMAS H	· •	1.2 NA			
STREET ADDRESS	1810 SOUTH VOLUSIA AVENI	UE	1.3 ST	REET ADDRESS		1
CITY-ST-ZIP	ORANGE CITY FL 32763			Y-S1-7IP		
TITLE	D DELETE		2.1 111	LE		Change Addition
NAME	HUTCHENS, SANDRA L		2.2 NA	ME		
STREET ADDRESS	1810 SOUTH VOLUSIA AVENI	JE	2.3 \$1	RELI ADDRESS		
CITY-ST-ZIP	ORANGE CITY FL 32763			Y-ST-ZIP		
TITLE	D DELETE		3.1 T()	lF }		Change Addition
NAME	FALLS, JOHN C		3.2 NA	NF.		
STREET ADDRESS	1877 TILBURG AVENUE		3.3 \$1	EFT ADDRESS		
CITY-ST-ZIP	DELTONA FL 32725			Y - ST - ZIP		
TITLE	☐ DELETE		4.1 Tit	LE		Change Addition
NAME			4. 2 NA	ME		
STREET ADDRESS			4.3 ST	REET ADDRESS		j
CITY-ST-ZIP				Y-ST-ZIP		
TITLE		☐ DELET	5 1 1 กั	.F		Change Addition
NAME			5.2 NA	VIE		
STREET ADDRESS			5.3 \$11	RELY ADDRESS		
CITY-\$T-ZIP	<u> </u>		5.4 CIT	Y-SI-ZIP	_	•
TITLE		DELETI				Change Addition
NAME			6.2 NA	ME .		

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.

STREET ADDRESS CITY-ST-ZIP