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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000102700

CITRUS PRIDE MARKETING INC

## **FILED** May 07, 1999 8:00 am Secretary of State

05-07-1999 90127 040 \*\*\*150.00

Cilnus	FRIDE WARRETING, INC.							
Principal Plac	e of Business	Mailing Address				I IORRIUDDI 110 IORIA TODAN DONN OBRIA DONDA REBLA		K 98KK URKI 188K
•	• **	ŭ	N #000					
10030 11TH STREET N. #203 10030 11TH STREET N. #203 ST. PETERSBURG FL 33716 ST. PETERSBURG FL 33716								
SI, FEIENSBURG FE 33/16						DO NOT WRITE IN THIS	SPACE	
						3. Date Incorporated or Qualifed		
						12/05/1997		ļ
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		pplied For
21 26						59-3475818		lot Applicable
Suite, Apt. #, etc.  Suite, Apt. #, etc.			C.					Additional
22 27						5. Certifcate of Status Desired	Fee F	Required
City & Stat	te	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution		to Fees
Zip	Country	Zip	Co	intry		8. This corporation owes the current year In	tangible	
24	25	29	30			Personal Property Tax.	Yes	⊠No
.=-1	9. Name and Address of Curre		11	Г		10. Name and Address of New Registered	Agent	
				81	Name			
FELC	CH, KATHRYN A			L				
10030 11TH STREET N. #203				82	Street Ad	ess (P.O. Box Number is Not Acceptable)		
	PETERSBURG FL 33716			83		<del></del>		
				"				i
				84	City		85 Zip	Code
			•	Ļ		FL FL	<u> </u>	
office or r	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change	was authorize	d by	the corpora	rporation submits this statement for the purpose oution's board of directors. I hereby accept the appo	intment as r	egistered
SIGNATURE								
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable	(NOTE: Registere	) Age	t signature requ	ired when reinstating) DATE		
12.	OFFICERS AT	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12
TITLE	PT	☐ DELE	TE 1.1 T	TLE			Change	☐ Addition
NAME	FELCH, KATHRYN A		1.2 N	1.2 NAME				
STREET ADDRESS	TREET ADDRESS 10030 11TH STREET N. #203		1.3 S	1.3 STREET ADDRESS				
CITY-ST-ZIP	ST. PETERSBURG FL 33716		140	ITY-\$1	r-ZIP			
TITLE				2.1 TITLE			Change	Addition
NAME	WISNER, MELISSA J	· <del>-</del>		AME				
STREET ADDRESS	10030 11TH STREET N. #203			2.3 STREET ADDRESS		-	•	
	ST. PETERSBURG FL 33716							
CITY-ST-ZIP				2. 4 CITY-ST-ZIP 3.1 TITLE			Change	Addition
TITLE						[		
NAME			3.2 N	-				}
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP		□ per e		ITY-S	T-ZIP		Change	☐ Addition
TITLE		☐ DELE					Change	☐ Addition
NAME			4.21	IAME				j
STREET ADDRESS			4.3 S	TREET	ADDRESS			
CITY-ST-ZIP				ITY-S	r-ZiP	···		
TITLE		☐ DELE	TE 5.1 T	TLE			Change	☐ Addition
NAME			5.2 N	AME				
STREET ADDRESS			5.3 9	TREET	ADORESS			
CITY-ST-ZIP			540	ITY-S	r-ZIP	_		
TITLE		☐ DELE	TE 6.1 T	TLE			Change	☐ Addition
NAME :			6.2 N	AME				
	1							E.
			6.3 S	TREET	ADDRESS			
STREET ADDRESS CITY-ST-ZIP				TREET				

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, with all other like empowered.

SIGNATURE: \_