## 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 # P97000105598

CITRUS ONLINE, INC.

Principal	Place	of	Business

Mailing Address

## FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90169 037 \*\*\*150.00



321 SOUTH SUNCOAST BLVD HOMASASSA FL 34448		321 SOUTH SUNCOAST BLVD HOMASASSA FL 34448			DO NOT WRITE IN THIS SPACE							
						ļ	3. Date Ir (	corporated or Qu /1998	ualifed			
2. Principa P	ace of Business  S. SUNCOAST RUD	2a. Mailing Address 26 329 5.	SUN	COA	9	3400	4. FEI Nur	1-348	348	/	Applied For Not Applicable	,
Suite, Ant.	#, etc.	Suite, Apt. #, etc.		***			5. Certifca	te of Status Des	ired 🗌		Additional Required	
City, & State	SASSA FLOLIDA	City & State	a.F	101	CIDI	4		Campaign Fina und Contribution	ncing		May Be	
Zip 3L	144 & 25 LISA	29 34448	30 Cou	intry <u>U</u> ≤	A		Persor	rporation owes that Property Tax.		Yes	17110	
	9. Name and Address of Current	Registered Agent					10. Name a	and Address of	New Registe	red Agent		-
288	DII AMMED			81 1	Name							
AMERILAWYER 343 ALMERIA AVENUE				82	Street A	dress	s (P.O. Bo)	Number is Not A	(cceptable)			
COR	AL GABLES FL 33134			83	-				-			7
					City						ip Code	
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat o	Florida. Such change was	authorized	d by th	named co e corpor	orpora ation's	ation submits s board of d	s this statement irectors. I hereby	for the purpos accept the a	e of changing ppointment as	its registered registered	
SIGNATUF:E			<del></del>				han minetalma)		DATE			
	Signature, typed or printed name of registered agent a OFFICERS AND		13.	Agent S	ignature req	ilred wr	hen reinstating)	NS/CHANGES			TO RS IN 12	$\dashv$
TITLE	PSTD OFFICERS AND	DELETE	11 TI	TLE		P57	<del></del>			Chang		'n
NAME	MEAD, KEVIN		1.2 N		4	O	-11/51	NUEA	) )		• -	
STREET ADDRESS	AND ARREST OF MANAGE AT BUILD			TREET AC	DDRESS	126	1135	UNCOAST	ردس		/	-
CITY-ST-ZIP	HOMASASSA FL 34448			ITY-ST-Z	1	HON	do <del>ŠA:</del> s	SA.FL3	4448			
TITLE	VD	☐ DELETE	2.1 TI	TLE	Ż		VD	0 - 0 - 0		Chang	ge 🔲 Additio	n
NAME	ZERBY, ROBERT		2.2 N	AME	4	2E4	2024, 1	SUNCOA	CT 211	MD.		-
STREET ADDRESS			2.3 \$	TREET AL	DORESS	326	41 <del>3</del> 5:	2000	21 22	0		
CITY-ST-ZIP	HOMASASSA FL 34448			TY-\$T-Z	ZIP t	tor	10544	SA, FL	3444		( ) A 4 (1):	4
TITLE		☐ DELETE	3.1 TI	TLE				•		Chang	ge 🗌 Additio	u
NAME			3.2 N									
STREET ADDRESS				TREET AD	1							
CITY-ST-ZIP		□ DC: ETE	_	HTY-ST-Z	ZIP					☐ Chan	ge Additio	,
TITLE		☐ DELETE	4.1 TC							□ cuan	Ae Munuic	"
NAME			4. 2 N		200000							
STREET ADDRESS				TREET AC								
CITY-ST-ZIP		DELETE	5.1 TI	ITY-ST-Z	SP -					☐ Chan	ge Additio	$\frac{1}{n}$
TITLE		C) orrele	5.1 II 5.2 N							5		
NAME				TREET AL	DORESS							
STREET ADOR :SS				ITY-ST-Z								
CITY-ST-ZIP		☐ DELETE	6.1 TI		<del></del>					 ☐ Chan	e Additio	, d
TITLE			6.2 N								, <u> </u>	
NAME				TREET AD	DDRESS							
STREET ADDR ISS				ITY-ST-Z	1							
CITY-ST-ZIP			0.4 (				Fr. 440.07	(2)(i) Florido Str	tutos I freeboo	r and the three th	o information	

I here by 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 and indicated on this annual report or supplemental annual report is true and accurate and that my signa ure 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 trueter empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change 1, or on an attachment with an address, with all other like empowered

SIGNATURE: \_

SIGNA URE AND TYPED OF PRINTED NAME OF SIGNING OFFICIR OR DIRECTOR