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Secretary of State

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PROFIT CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000088638

1. Corporation Name
CITRUS TRAVEL, INC.

Principal Place of Business
8120 S. SUNCOAST BLVD.
HOMOSASSA FL 34446

Mailing Address
8120 S. SUNCOAST BLVD.
HOMOSASSA FL 34446

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/16/1998	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0872446	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax.	Yes No

9. Name and Address of Current Registered Agent

JOHNSON, SHERRI L
330 S. ORANGE AVE.
SARASOTA FL 34236

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.

X SIGNATURE [Signature] DATE 3.28.99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D President	1.1 TITLE	
NAME	JOHNSON, RICHARD O	1.2 NAME	
STREET ADDRESS	10 LINDER CIR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOMOSASSA FL 34446	1.4 CITY-ST-ZIP	
TITLE	D Vice President	2.1 TITLE	
NAME	SCIARANICO, RICHARD S	2.2 NAME	
STREET ADDRESS	6102 INDIA DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL 34608	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	Secretary
NAME	MAYER, MARY	3.2 NAME	John Johnson
STREET ADDRESS	6 PTERIS CT.	3.3 STREET ADDRESS	10 Linder Circle
CITY-ST-ZIP	HOMOSASSA FL 34446	3.4 CITY-ST-ZIP	HOMOSASSA, FL 34446
TITLE	D	4.1 TITLE	Treasurer
NAME	DEGHETTO, JOANNE	4.2 NAME	MARTHA ANN BRUNSWICK
STREET ADDRESS	11 JUDI CT.	4.3 STREET ADDRESS	14 CHINKAPIN Circle
CITY-ST-ZIP	HOMOSASSA FL 34446	4.4 CITY-ST-ZIP	HOMOSASSA, FL 34446
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-15-99

352-382-4889