

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

***CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Nancy B. Schwartz
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

DOCUMENT # S24710

(3)

95 MAY -1 PM 2: 04

CITRUS SEW & VAC, INC.

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

Principal Place of Business
8441 S.W. HWY 200
SUITE 119
OCALA FL 34481
US

Mailing Address
500 S.E. 48TH AVE.
OCALA FL 34471
US

3. Date Incorporated or Qualified
01/01/1991

3a. Date of Last Report
05/01/1994

4. FEI Number
59-3043595

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21

2a. Mailing Address
26

State Apt # etc.
22

Suite Apt # etc.
27

City & State
23

City & State
28

City
24

City
25

City
29

City
30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LAPHAM, RICHARD B.
500 S.E. 48TH AVE.
OCALA FL 34471**

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.

SIGNATURE

Signature of Registered Agent or New Registered Agent

Signature of Registered Agent or New Registered Agent

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	LAPHAM, RICHARD B.	12 NAME	
STREET ADDRESS	500 S.E. 48TH AVE.	13 STREET ADDRESS	
CITY, ST, ZIP	OCALA FL	14 CITY, ST, ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY, ST, ZIP		24 CITY, ST, ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY, ST, ZIP		34 CITY, ST, ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 193.07(3)(b), Florida Statutes. I further certify that the information included 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 of this report, or on an attachment with an address.

SIGNATURE:

Richard B. Lapham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/95

904-854-0018
(Telephone Number)