SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S54892** (2)

1. Corporation Name

WHITE GLOVE SERVICE OF CITRUS COUNTY, INC.

Principal Place of Business	Mailing Address
65 SOUTH LINCOLN AVENUE BEVERLY HILLS FL 34464 US	POST OFFICE BOX 640425 BEVERLY HILLS FL 34464-0425 US

3. Date Incorporated or Qualified: 05/22/1991
3a. Date of Last Report: 06/10/1995

2. Principal Place of Business	2a. Mailing Address
21	26 65 SO. LINCOLN AVE
Suite, Apt #, etc 22	Suite, Apt #, etc 27 BEVERLY HILLS
City & State 23	City & State 28 FLORIDA
Zip 24 Country 25	Zip 29 34465 Country 30

4. FEI Number: 59-3067722 ☐ 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 s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WARD, ALICE J.
65 LINCOLN AVENUE
BEVERLY HILLS FL 34464

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.

SIGNATURE ______ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PST	☐ DELETE
NAME	WARD, ALICE J.	
STREET ADDRESS	65 SOUTH LINCOLN AVENUE	
CITY-ST-ZIP	BEVERLY HILLS FL	
TITLE	D	☐ DELETE
NAME	WARD, ALICE J.	
STREET ADDRESS	65 SOUTH LINCOLN AVENUE	
CITY-ST-ZIP	BEVERLY HILLS FL	
TITLE	VD	☐ DELETE
NAME	WARD, JONATHAN D.	
STREET ADDRESS	65 SOUTH LINCOLN AVENUE	
CITY-ST-ZIP	BEVERLY HILLS FL	
TITLE	TD	☐ DELETE
NAME	WARD, JOSEPH L.	
STREET ADDRESS	8 S. TYLER STREET	
CITY-ST-ZIP	BEVERLY HILLS FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Alice J. Ward 8/2/96 (352) 527-8439
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #