2000	UNIFORM	I BUSINES	S REPORT	(UBR)	- 10 p :6:	pg	-/0	2
	JMENT #			<u> </u>	7 11 11 11 11	1.7		ν
1. Entity Name		01411		En				
	is County Se	rvice Corp.	FILED					
		·	00 APR 14	00 APR 14 AM 8: 59				
Principal Place		Mai	A TENTOTE TALL	SECRETARY OF STATE TALLAHASSEE. FLORIDA				
Jacks	sonville, FI		Water Stre ksonville,		TALLAHASS	EE. FLORI	ĎΑ	
2. Principal Pla	ice of Business C/O		-	The Prentice				
	ce-Hall Corp			lon System, ., Suite 105			_	
Suite, Apt. 1201	#,etc. Hays St., St	ite 105 12	DO NOT WR	DO NOT WRITE IN THIS SPACE				
City & State	•		ity & State		4. FEI Number		Ap	plied For
	hassee, FL		llahassee,		65-0310219			Applicable
Zlp 22201	Countr	- 1	p 32301	Country TTC A	5. Certificate of Status Desired		.75 Addit Required	ional
32301	6. Name and Addre	es of Current Registered A		USA	7. Name and Address of New Reg		711040000	
Tho		11 Corporati		Inc. Name				
		et, Suite 105	s (P,O, Box Number is Not Acceptable)					
	lahassee, Fl				<u> </u>			
				City		FL	Zip Code	
8. The above n	amed entity submits this	statement for the purpose of	changing its registered	office or registered agent,	or both, in the State of Florida.			
	-				<u> </u>			
SIGNATURE	<u> </u>	<u> </u>						
<u> </u>	Signature, typed or printed n	ame of registered agent and little	<u> </u>	DTE: Registered Agent signature	required when reinstating)	DATE		_
1	ation is eligible to satisfy i	20000	*************************	r de la Composition (Composition (Compositio	10. Election Campaign Final	ncing	\$5.00	May Be
Tax filling re (See criteri	equirement and elects to dies on back)	»».		ero Gaparanero			Added	lo Fees
11.	· · · · · · · · · · · · · · · · · · ·	OFFICERS AND DIRECTO)AS	12.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIREC	TORS IN 1	1
TITLE	Senior Vic	e President	Delete	TITLE .	4		Change	Addition
NAME .	Robert L.	Andersen		NAME		_	-	
STREET ADDRESS		lege Street	,	STREET ADDRESS CITY - ST- ZIP				
CITY - ST- ZIP	Charlotte,	NC 28288-0		-]Chanca	Addition
NAME	Secretary David A. D	rake	Delete	TITLE		L	Change	L_Addition
STREET ADDRESS		lege Street		STREET ADDRESS				
CITY- ST- ZIP	Charlotte,		630	CITY- ST-ZIP				_
TITLE	Treasurer		Delete	TILE			Change	Addition
NAME	Larry J. W			NAME STREET ADDRESS	. 0			
STREET ADDRESS CITY - ST- ZIP	301 S. Col Charlotte,	lege Street NC 28288		STREET ADDRESS CITY - ST- ZIP				
TITLE	Director		Delete	m.e			Change	Addition
NAME	Keith D. L	embo		NAME	•			_ :
STREET ADDRESS CITY- ST- ZIP		lege Street		STREET ADDRESS CITY - ST- ZIP	•	1.5		
	Charlotte,	NC 28288-0				<u> </u>	Change	Addition
NAME	!		Delete	TITLE NAME	• *	L	Towarde	
STREET ADDRESS]			STREET ADDRESS	10000	03210	15	1
CITY- ST- ZIP	<u></u> _	<u> </u>	<u> </u>	CITY - ST- ZIP				
TITLE		•	Delete	TITLE			Change	Addition
NAME	\			NAME STREET ADDRESS	•			
STREET ADDRESS CITY - ST- ZIP	1			CITY - ST- ZIP	× .			
12 I hambu car	i rify that the information s	upplied with this filling does	not qualify for the exemp	tion stated in Section 119.0	7(3)(I), Florida Statutes. I further certify the	at the information i	ndicated or	this report
	antal comparint properties	where each that my signatur	a chall have the came le	tal affact og 8 madé lindaf	oath; that I am an officer or director of the 11 or Block 12 if changed, or on an attach	concension or the	I OCCUPYOR UT	ILITATOO
етромегес	d				•			
	Km	testa al		1	en 4/13/00	704	/ O. T. /	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

Date



ACCOUNT NO. : 072100000032

REFERENCE: 663307

167868A

AUTHORIZATION

COST LIMIT \$ 150.00

ORDER DATE: April 14, 2000

ORDER TIME : 3:53 PM

ORDER NO. : 663307-010

CUSTOMER NO: 167868A

CUSTOMER: Lisa P. Clontz, Legal Asst

First Union Corporation One First Union Ctr Legal Dept. - 31st Floor

Charlotte, NC 28288

ANNUAL REPORT FILING

NAME: CITRUS COUNTY SERVICE CORP.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY _ PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Erika Carlson

EXAMINER'S INITIALS:

