FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 25 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V66042** **(5)**

1. Corporation Name
CITRUS HOLDING CORPORATION

Principal Place of Business	Mailing Address
409 COURTHOUSE SQUARE INVERNESS FL 34450-4844	409 COURTHOUSE SQUARE INVERNESS FL 34450-4844

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/23/1992
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business 21 95 South Pine Avenue	2a. Mailing Address 26 P O Box 1871	4. FEI Number 59-3150908	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☑	$8.75 Additional Fee Required
City & State 23 Inverness, FL	City & State 28 Inverness, FL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / Country 24 34450 / 25 USA	Zip / Country 29 34451 / 30 USA	8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes ☑ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
COLUMBIA PROPERTIES - T/A LIBERTY ONE 409 COURTHOUSE SQUARE INVERNESS FL 34450-4844	81 Name: ROBERT G. DOOLITTLE 82 Street Address (P.O. Box Number is Not Acceptable): 95 SOUTH PINE AVE 83 84 City: INVERNESS FL 85 Zip Code: 34450

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: Robert G Doolittle — ROBERT G DOOLITTLE — 4/25/95
(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	1.1 TITLE	☑ Change ☐ Addition
NAME	ALLHOFF, CHRISTIAN	1.2 NAME	
STREET ADDRESS	409 COURTHOUSE SQUARE	1.3 STREET ADDRESS	95 South Pine Ave
CITY-ST-ZIP	INVERNESS FL	1.4 CITY-ST-ZIP	Inverness, FL 34450
TITLE	PT	2.1 TITLE	☑ Change ☐ Addition
NAME	DOOLITTLE, ROBERT G	2.2 NAME	
STREET ADDRESS	1807 COLONADE STREET	2.3 STREET ADDRESS	95 South Pine Ave
CITY-ST-ZIP	INVERNESS FL	2.4 CITY-ST-ZIP	Inverness, FL
TITLE	S	3.1 TITLE	☑ Change ☐ Addition
NAME	OLIVIER, JACQUES	3.2 NAME	
STREET ADDRESS	650 E. DAKOTA COURT	3.3 STREET ADDRESS	DELETE
CITY-ST-ZIP	HERNANDO FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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.

SIGNATURE: Robert G Doolittle — ROBERT G. DOOLITTLE — 4/25/95 — 904 726 4717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0563428 CP