

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # L01938

(4)

95 MAY -1 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

CITRONELLE DEVELOPMENT, INC.

Principal Place of Business

7985 N. CITRUS AVE.
CRYSTAL RIVER FL 34428

Mailing Address

7985 N. CITRUS AVE.
CRYSTAL RIVER FL 34428

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/12/1989

3a. Date of Last Report

04/27/1994

2. Principal Place of Business

21 10750 W. Killarney Ln

2a. Mailing Address

26 10750 W. Killarney Ln

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-2957647

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. 189.032,
Florida Statutes

☒ Yes

☐ No

22 City & State

23 Crystal River FL

27 City & State

28 Crystal River FL

24 Zip

25 Citrus

29 Zip

30 Citrus

9. Name and Address of Current Registered Agent

HOBBS, JAMES COLUMBUS, III
10750 W. KILLARNEY LN
10750 W. KILLARNEY LANE
CRYSTAL RIVER FL 34428

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 fee if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DPS
HOBBS, JAMES COLUMBUS III
10750 W. KILLARNEY LANE
CRYSTAL RIVER FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VTC
HOBBS, DEENA BERTINE
10750 W. KILLARNEY LANE
CRYSTAL RIVER FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

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 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 person 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-95

904-5630597