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**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000092516

BOR'S CITGO INCORPORATED

## **FILED** Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90024 039 \*\*\*150.00

505 5 0	itao, mooni onateb							
Principal Place	of Business	Mailing Address				7	18411 ABITA 1811A 11981 B	THE HOLD AND INC.
	LUTHER KING BLVD	16220 MARTIN LUTHER KING BLVD						
ALACHUA FL 32615 ALACHUA FL 32615						DO NOT WRITE IN THIS SPACE		
						3. Date incorporated or Qualifed 10/29/1998		
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number		Applied For
21		26			. **	59 2542293		Not Applicable
Suite, Apt. #	♯, etc.	Suite, Apt. #, etc.				5 Cadificata of Status Decised	\$8.7	Additional
22		27				5. Certifcate of Status Desired	Fee	Required
City & State	)	City & State				6. Election Campaign Financing	\$5.0	<b>0</b> May Be
23		28	_			Trust Fund Contribution	Adde	d to Fees
Zip	Country	Zip	Col	untry		8. This corporation owes the current		
24	25	29	30			Personal Property Tax.	Yes_	No
	9. Name and Address of Curren	nt Registered Agent				10. Name and Address of New Reg	istered Agent	
- 4 4 4				81 Na	me			
	KEN, ROBERT P			82 Str	eet Addres	ss (P.O. Box Number is Not Acceptable	*)	
16220 Martin Luther King Blvt								
_ ALAC	CHUA FL 32615	of the parameter and the		83				}
				84 Cit	· · · · · · · · · · · · · · · · · · ·		85 Zi	p Code
•			_	1 1	•		FL   - -	•
SIGNATURE	o the provisions 64 Sections 607,086 en familier with and accept the obligation of the control o	وسع	atutes, the a as authorized Florida Stat			ration submits this statement for the pu 's board of directors. I hereby accept the	ne appointment as	registered
12.		IN DIRECTORS	13.		TOTO TOQUE OC.	ADDITIONS/CHANGES TO OFFIC		TORS IN 12
TITLE	OF FIGURE AS	DELETE			PRE	SIDENT	☐ Chang	
		<b>_</b>		IAME	RAG	BERT P. MILLIKEN		
NAME					7702			·
STREET ADDRESS					ECC   /// J	ON MIX BLVD		í
CITY-ST-ZIP				TREET ADOR	ESS / O d	DO MIX BLVD		_
		□ DELETE	1.4 C	CITY-ST-ZIP	ALA	AO MLK BLVD BCHUA, FL BAILIÓ	∏ Chang	e Addition
TITLE		☐ DELETE	1.4 C	CITY-ST-ZIP	ALA VJC	AO MLK BLVD B <u>CHUA, FL 3AUIÓ</u> LE PLESTDENT	☐ Chang	e 📝 Addition
NAME		☐ DELETE	1.4 CI 2.1 TI 2.2 N	CITY-ST-ZIP TILE NAME	ALA VJC GAJ	DO MIK BLVD PCHUA, FL BBUID BE PLESTDENT LAB MILLIKEN	Chang	e Addition
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14. I hereby certify that the information supplied with this filing 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 armual 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 feediver 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, with all other like empowered.

SIGNATURE:

REQUIRED

Daytime Phone #