

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # J10440

(2)

1. Corporation Name

CITRUS PIPELINE CONSTRUCTION, INC.

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB -7 PM 2:34

Principal Place of Business

**C/O GLEN C. ABBOTT
521 WEST FORT ISLAND TRAIL, SUITE A
CRYSTAL RIVER FL 32629**

Mailing Address

**C/O GLEN C. ABBOTT
521 WEST FORT ISLAND TRAIL, SUITE A
CRYSTAL RIVER FL 32629**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/22/1986

3a. Date of Last Report

01/24/1994

2. Principal Place of Business

21 Citrus Pipeline Construction

2a. Mailing Address

27 Citrus Pipeline Construction

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 6890 Grover Cleveland Blvd

27 PO Box 330

City & State

City & State

23 Homosassa, FL

28 Lecanto, FL

Zip

Country

Zip

Country

24 34446

25 USA

29 34460

30 USA

4. FEI Number

59-2662436

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

**ABBOTT, GLEN C.
521 WEST FORT ISLAND TRAIL
SUITE A
CRYSTAL RIVER FL 32629**

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 of corporation

(NOTE: Registered Agent signature required when completing)

DATE

12. OFFICERS AND DIRECTORS

**TITLE PSD
NAME BASS, ROBERT E.
STREET ADDRESS HWY.44 & SOUTHERN RD
CITY-ST-ZIP LECANTO 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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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 110.07(3)(b), 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 E. Bass
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

Robert E. Bass

1-20-95

904-746-6020