

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
May 12 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # J79581

(1)

1. Corporation Name

CITADEL ASSOCIATES, INC.

Principal Place of Business

720 W. COLONIAL DR. STE 200  
ORLANDO FL 32804

Mailing Address

720 W. COLONIAL DR. STE 200  
ORLANDO FL 32804-7365



3. Date Incorporated or Qualified

06/25/1987

3a. Date of Last Report

06/18/1996

4. FEI Number

59-2825989

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

2. Principal Place of Business

21 4370 L.B. McLEOD ROAD

Suite, Apt. #, etc.

22

City & State

23 Orlando FL

Zip

24 32811

Country

25

2a. Mailing Address

26 P.O. Box 616729

Suite, Apt. #, etc.

27

City & State

28 Orlando FL

Zip

29 32861

Country

30

9. Name and Address of Current Registered Agent

HEADLEY, W.A. JR  
720 WEST COLONIAL DRIVE  
SUITE 200  
ORLANDO FL 32804

10. Name and Address of New Registered Agent

81 Name

W.A. HEADLEY, III

82 Street Address (P.O. Box Number is Not Acceptable)

4370 L.B. McLEOD ROAD

83

84 City

Orlando

FL

85 Zip Code

32811

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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4.27.97

12. OFFICERS AND DIRECTORS

TITLE DCP  
NAME HEADLEY, WILLIAM A., JR.  
STREET ADDRESS 1128 WOODLAND ST.  
CITY-ST-ZIP WINDERMERE FL

☐ DELETE

TITLE VD  
NAME HEADLEY, WILLIAM A., III  
STREET ADDRESS 1324 BUCKWOOD  
CITY-ST-ZIP ORLANDO FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS 4370 L.B. McLEOD ROAD  
2.4 CITY-ST-ZIP ORLANDO FL 32811

☒ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do 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 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, changed, or on an attachment with an address.

SIGNATURE:

*William A. Headley III*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.30.97

Date

(407) 872-8500

Daytime Phone #

CR2E034 (9/96)