

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **K39690** (8)

1. Corporation Name

**CITRUS ROAD BORING, INC.**



Principal Place of Business

**9302 DENTON AVE  
HUDSON FL 34667  
US**

Mailing Address

**9302 DENTON AVE  
HUDSON FL 34667  
US**

2. Principal Place of Business

21 **15044 NAVA STREET**

State, Apt. #, etc.

22 **HUDSON FL**

City & State

23 **34667**

Zip

24 **US**

Country

2a. Mailing Address

26 **15044 NAVA STREET**

State, Apt. #, etc.

27 **HUDSON FL**

City & State

28 **34667**

Zip

29 **US**

Country

3. Date Incorporated or Qualified

**10/17/1988**

3a. Date of Last Report

**02/13/1995**

4. FEI Number

**59-2916901**

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

**MCCANNA, RICHARD E III  
3968 S EMMA JANE TERR.  
HOMOSASSA FL 32647**

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 607.1503, 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

*Richard E McCanna*

Signature of person or persons acting as agent and the corporation

Signature of Registered Agent required when transferring

**1-23-96**

DATE

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE  
NAME **DPS**  
STREET ADDRESS **MCCANNA, RICHARD E III**  
CITY, ST, ZIP **3968 S EMMA JANE TERR  
HOMOSASSA FL**

2. TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

3. TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

4. TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

5. TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

6. TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY, ST, ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY, ST, ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY, ST, ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY, ST, ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY, ST, ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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)(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 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:

*Richard E McCanna*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Richard E McCanna**

DATE

Office Phone

CR2E034 (12/95)