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

PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name L04375

(6)

SWEETWATER HOMES OF CITRUS, INC.

Principal Place of Business

Mailing Address

FILED Feb 20 1998 8:00am Secretary of State



8016 S SUNCOAST BLVD 8016 S SUNCOAST BLVD HOMOSASSA FL 32646 HOMOSASSA FL 32646 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/19/1989 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-2957488 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country This corporation owes or has paid the current year Intangible 24 25 30 29 Personal Property Tax due June 30. Yes □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name CHRISTENSEN, ROBERT R. 60 CYPRESS BLVD WEST 82 Street Address (P.O. Box Number is Not Acceptable) HOMOSASSA FL 32848- 34446 83 84 City 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 if applicable (NOTE: Registered Agent signature required when reinstating) (10/97 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE Change Addition 1.1 TITLE NAME JACOBY, JAMES J. 1.2 NAME 41 Oak Village Burleward 4 REBECCA COURT STREET ADDRESS 1.3 STREET ADDRESS HOMOSASSA FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE **X** Change TITLE Addition 2.1 TITLE TATE, LARRY NAME 2.2 NAME 11 Byrsonima Ct West 4255 S ALABAMA AVE STREET ADDRESS 2.3 STREET ADDRESS HOMOSASSA FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME **B**RUNSINK, WAYNE 3.2 NAME 14 CHINKAPIN CIRCLE STREET ADDRESS 3.3 STREET ADDRESS HOMOSASSA FL CITY-ST-ZIF 3.4. CITY - ST - ZIP DELETE TITLE Change __ Addition 4.1 TITLE CHRISTENSEN, ROBERT NAME 4. 2 NAME 60 CYPRESS BLVD., WEST STREET ADDRESS 4.3 STREET ADDRESS HOMOSASSA FL CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

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 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.

2/10/00