

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

**FILED**  
**Mar 17 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # L22811 (8)**  
 1. Corporation Name  
**C & G HOMES OF CITRUS, INC.**



Principal Place of Business <b>P O BOX 969 INVERNESS FL 34451-7969</b>	Mailing Address <b>P O BOX 969 INVERNESS FL 34451-0969</b>
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2. Principal Place of Business 21 <b>9478 W. Marquette Lane</b> Suite, Apt. #, etc. 22 City & State 23 <b>Crystal River, Fl</b> Zip Country 24 <b>34428</b> 25 <b>Citrus</b>	2a. Mailing Address 26 <b>9478 W. Marquette Lane</b> Suite, Apt. #, etc. 27 City & State 28 <b>Crystal River, Fl</b> Zip Country 29 <b>34428</b> 30 <b>Citrus</b>
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3. Date Incorporated or Qualified <b>10/13/1989</b>	3a. Date of Last Report <b>04/26/1996</b>
4. FEI Number <b>59-2976453</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**GERRITS II, EDWARD J.**  
**3288 E THOMAS ST**  
**INVERNESS FL 32650**

10. Name and Address of New Registered Agent  
 B1 Name  
 B2 Street Address (P.O. Box Number is Not Acceptable)  
**9478 W. Marquette Lane**  
 B3  
 B4 City **Crystal River** **FL** B5 Zip Code **34428**

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 \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	<b>GERRITS, EDWARD J II</b>	
STREET ADDRESS	<b>8745 N MYAKA AVE</b>	
CITY-ST-ZIP	<b>CRYSTAL RIVER FL</b>	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	<b>HAYNES, SHIRLEY A</b>	
STREET ADDRESS	<b>3288 E. THOMAS ST.</b>	
CITY-ST-ZIP	<b>INVERNESS FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>9478 W. Marquette Lane</b>
2.4 CITY-ST-ZIP	<b>Crystal River, Fl 34428</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

CR2E034 (9/96)