

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 01, 1999 8:00 am**  
**Secretary of State**

05-01-1999 90096 017 \*\*\*150.00

DOCUMENT # P93000002538

1. Corporation Name  
CITRUS FLOORS, INC.

Principal Place of Business

5420 WISTER LANE  
ORLANDO FL 32810

Mailing Address

5420 WISTER LANE  
ORLANDO FL 32810

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/07/1993

4. FEI Number

59-3156564

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 3303 Berridge Ln

2a. Mailing Address

26 3303 Berridge Ln

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Orlando, FL

City & State

28 Orlando, FL

Zip

24 32812

Country

25 Orange

Zip

29 32812

Country

30 Orange

9. Name and Address of Current Registered Agent

BURKETT, PEGGY L  
5420 WISTER LN  
ORLANDO FL 32810

10. Name and Address of New Registered Agent

81 Name Peggy L. Cox

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

3303 Berridge Lane

83

84 City Orlando

FL

85 Zip Code 32812

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 Peggy L. Cox, President Peggy L. Cox

4-28-99

Signature of registered agent and title if applicable.

(NOTE: Registered agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PP  
NAME BURKETT, PEGGY L  
STREET ADDRESS 5420 WISTER LANE  
CITY-ST-ZIP ORLANDO FL ☐ DELETE

TITLE VP  
NAME BURKETT, TIMOTHY  
STREET ADDRESS 1025 SPRING GARDEN STREET  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701 ☐ DELETE

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PP  
1.2 NAME Cox, Peggy L.  
1.3 STREET ADDRESS 3303 Berridge Lane  
1.4 CITY-ST-ZIP Orlando, FL 32812 ☒ Change ☐ Addition

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 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, with all other like empowered.

SIGNATURE: Peggy L. Cox, President Peggy L. Cox

4-28-99

407/290-3464

Date

Daytime Phone #

0097211

CR2E034 (11/98)