PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



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Fre In



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

		DIV	ISION OF CORPO	RATIONS		K [] - ,	E. E.
DOCUMENT # P93000015156 1. Corporation Name CITRUS GENERAL CONTRACTORS, INC.					97 NOV 17 AM 8: 10 SECRETARY OF STATE TALLAHASSEE, FLORIDA		
	Incipal Office Address, If Applicable						
Sulte, Apt.		City & State	Suite, Apt. #, etc. City & State		5. FEI Number 59-3170716 Applied For Not Applied be		
Zip	Country	Zip	Countr	y	6. CERTIFICATI		75 Additional Fee required or a Certificate of Status
7. Names	and Street Addresses of Each Officer and	d/or Director (Florid	da nonprofit corpor	ations must list at lea	ast 3 directors)		
Title(s)	Name of Officers and/or Directors 2		Street Address Officer and/or 3 (Do NOT Use Post Office		h Numbers) 4 City / State / Zip		
PT	ONEILL, FRANCIS		7122 HIAWASSEE OAKS DR.		<u>.</u>	ORLANDO FL 32818	
VS	GREENIDGE, ERROL E		12610 COUNTRY MOW CT			ORLANDO FL 32828	
		· · · · · · · · · · · · · · · · · · ·			10	0002353 -11/20/970 ***1100.00	4414 1097-016 ****550.00
	8. Name and Address of Current	Registered Agen		7	9. Name and A	Address of New Registered	Agent
Name							
	cis, o'neil Hiawassee oaks dr.	Street Address (P.O. Box Number		is Not Acceptable)			
ORLANDO FL 32818			Suite, Apt. #, Etc.			·	
• '			City			State Zip Code FL	
10. I, being	g appointed the registered agent of the ab	ove named corpore	ation, am familiar w	I ith and accept the ol	bligations of Sect	on 607.0505, F.S.	
Signature o Registered	of Agent	REGISTERED AGE				Date	
	is corporation owes or hangible Personal Proper			ar Yes 🔲	No 🔲		e for Information gible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature that have the same legal effect as if made under eath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



aus General

CONTRACTORS INC.

1025 N. Pine Hills Road • Orlando, FL 32808 • (407) 291-8008 • Fax (407) 291-3838

November 4th, 1997

Secretary of State Division of Corporation P.O. Box 6327 Tallahassee, Florida 32314

Dear Friends,

Enclosed, please find our applications for the annual certificates for both Citrus Electric, Inc. and Citrus General Contractors, Inc. As I mentioned during our phone conversation, these applications were submitted over two months ago after we were given our second notice. Apparently our package never made it to your office since by now we thought we would be receiving copies of the annual certificates. Instead, we received notice of cancellation.

Again, please accept these new applications together with the appropriate renewal fees in light of what transpired above.

Sincerely,