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 # P94000012778 (4)

1. Corporation Name
ROOK ENTERPRISES OF CITRUS COUNTY, INC.

Principal Place of Business
4434 E ARLINGTON ST
INVERNESS FL 34450

Mailing Address
4434 E ARLINGTON ST
INVERNESS FL 34450

3. Date Incorporated or Qualified: 02/16/1994
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-3224313 ☐ 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

2. Principal Place of Business
21 1155 N. FLORIDA AVE
Suite, Apt. #, etc.
22
City & State
23 INVERNESS FL
Zip 24 34453 Country 25 CITRUS

2a. Mailing Address
26 1155 N. FLORIDA AVE
Suite, Apt. #, etc.
27
City & State
28 INVERNESS, FL
Zip 29 34453 Country 30 CITRUS

9. **Name and Address of Current Registered Agent**
ROOK, PHILLIP L
4434 E ARLINGTON ST
INVERNESS FL 34450

10. **Name and Address of New Registered Agent**
81 Name ROOK, PHILLIP L.
82 Street Address (P.O. Box Number is Not Acceptable) 1155 N. FLORIDA AVE
83
84 City INVERNESS FL 85 Zip Code 34453

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 ____________ DATE ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	ROOK, PHILLIP L	
STREET ADDRESS	4434 E ARLINGTON ST	
CITY-ST-ZIP	INVERNESS FL 34450	
TITLE	D	☑ DELETE
NAME	ROOK, STEVEN P	
STREET ADDRESS	4434 E ARLINGTON ST	
CITY-ST-ZIP	INVERNESS FL 34450	
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	D	☑ Change ☐ Addition
1.2 NAME	ROOK, PHILLIP L.	
1.3 STREET ADDRESS	1155 N. FLORIDA AVE	
1.4 CITY-ST-ZIP	INVERNESS FL 34453	
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: Phillip L. Rook — 6/8/96 — (352) 637-3066
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
PHILLIP L. ROOK

CR2E034 (12/95)