

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

0489053

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 90095 024 ***150.00

DOCUMENT # P96000080553

1. Corporation Name

CITRUS HILLS CONSTRUCTION COMPANY

Principal Place of Business
2450 N. CITRUS HILLS BLVD.
HERNANDO FL 34442

Mailing Address
2450 N. CITRUS HILLS BLVD.
HERNANDO FL 34442

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/30/1996

4. FEI Number

59-3408925

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 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

ABEL, ERIC D
2450 N. CITRUS HILLS BLVD.
HERNANDO FL 34442

10. Name and Address of New Registered Agent

81 Name

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

2476 N. ESSEX AVENUE

83

84 City HERNANDO

FL

85 Zip Code 34442

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 D ☐ DELETE

NAME TAMPOSI, STEPHEN A
STREET ADDRESS 2450 N. CITRUS HILLS BLVD.
CITY-ST-ZIP HERNANDO FL 34442

TITLE D ☐ DELETE

NAME NASH, Q. PETER
STREET ADDRESS 40 TEMPEL ST.
CITY-ST-ZIP NASHUA NH

TITLE P ☐ DELETE

NAME SANDERS, CHARLES N
STREET ADDRESS 2050 N. BRENTWOOD CIR.
CITY-ST-ZIP LECANTO FL

TITLE ST ☐ DELETE

NAME PASTOR, JOHN E
STREET ADDRESS 2050 E. BRENTWOOD CIR
CITY-ST-ZIP LECANTON FL

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 ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 2476 N. ESSEX AVENUE
1.4 CITY-ST-ZIP HERNANDO, FL 34442

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 2476 N. ESSEX AVENUE
4.4 CITY-ST-ZIP HERNANDO, FL 34442

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:

Stephen A. Tamposi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-99 352-746-6060
Date Daytime Phone #

CR2E034 (11/98)