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PROFIT CORPORATION ANNUAL REPORT

1998

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700006069 (3)

GOLD CREST HOMES OF CITRUS COUNTY, INC.

FILED Apr 13 1998 8:00am Secretary of State



						394 - 1 31	
Principal Place	of Business	Mailing Address			I ICONICON UN URBIT DE LA CONTRACTOR DE	ast Abitt Balta attit Abit	Ellia ibii mer
1590 N MEADOWCREST BLVD CRYSTAL RIVER FL 34429		1590 N MEADOWCREST BLVD CRYSTAL RIVER FL 34429					
					DO NOT WRITE IN THIS SPACE		
	· ,				3. Date Incorporated or Qualified		
					01/15/1997		i
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	. /	Applied For
H		26			59-34331	<u>4</u> _	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		5 Additional	
22		27			Commode of States Seamed	Fee	Required
City & State		City & State			6. Election Campaign Financing		00 May Be
23		28			Trust Fund Contribution		ed to Fees
⊸ ^{Zip}	Country	Zip	Cour	ntry	8. This corporation owes or has pa		
24	25	29	30		Personal Property Tax due June 10. Name and Address of New Re		□No
	9. Name and Address of Curre	nt Hegistered Agent		81 Name	10, Name and Address of New Ne	distaled whelit	
	SON, JOHN A			4ania			
2218 HWY 44 W			Ĩ	B2 Street Add	dress (P.O. Box Number is Not Acceptat	ole)	
INVE	erness fl 34453		}	83			
				84 City		B5 2	ip Code
						<u> </u>	
11. Pursuant to office or re	o the provisions of Sections 607.050 agistered agent, or both, in the State	02 and 607.1508, Florida Stat e of Florida. Such change wa	utes, the ab s authorized	ove-named cor by the coroora	rporation submits this statement for the pation's board of directors. I hereby acce	ourpose of changin of the appointment	g its registered as registered
agent. I an	n familiar with, and accept the oblig	ations of, Section 607.0505,	Florida Statu	ites.		, , , , , , , , , , , , , , , , , , , ,	l
							· ·
SIGNATURE _							
	Signature, typed or printed name of registered ag			Agent signature requ	juired when reinstating)	DATE	ODE IN 12
12.	OFFICERS AN	ND DIRECTORS	13.		uired when reinstating) ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECT	
12.	OFFICERS AN		13. 1.1 TIT	ı £			
12. TITLE NAME	D HADLEY, JUDITH S	ND DIRECTORS	13. 1.1 TIT 1.2 NA	LE ME		CERS AND DIRECT	
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indicated on this amilian report or supplemental antique roport is true and accurate and that my signature shall have the same legal effect as it made under oath; that if an a 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, orion an attachment with an address.

352-563-1551