

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
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90088 020 ***150.00

DOCUMENT # P97000006069

1. Corporation Name

GOLD CREST HOMES OF CITRUS COUNTY, INC.

Principal Place of Business
1590 N MEADOWCREST BLVD
CRYSTAL RIVER FL 34429

Mailing Address
1590 N MEADOWCREST BLVD
CRYSTAL RIVER FL 34429

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/15/1997

4. FEI Number

59-3433314

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NELSON, JOHN A
2218 HWY 44 W
INVERNESS FL 34453

81 Name

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

83

84 City

FL

85 Zip Code

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

Greg E. Conard

GREG E. CONARD

DATE

3/12/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME CONARD, GREGG E
STREET ADDRESS 1590 N MEADOWCREST BLVD
CITY-ST-ZIP CRYSTAL RIVER FL 34429

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.1 TITLE P.O.
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

GREG E. CONARD
4531 N. PERRY DR.
BEVERLY HILLS, FL 34465

☒ Change ☐ Addition

2.1 TITLE S
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

GREG E. CONARD
4531 N. PERRY DR.
BEVERLY HILLS, FL 34465

☒ Change ☐ Addition

3.1 TITLE TO
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

GREG E. CONARD
4531 N. PERRY DR.
BEVERLY HILLS, FL 34465

☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

Greg E. Conard

GREG E. CONARD

DATE

3/12/99

DAYTIME PHONE #

352-563-1551

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)

0487516