

**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

APPROVED AND FILED

99 SEP - 8 PM 12:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P97000016191 AMENDED ANNUAL REPORT**  
1. Corporation Name  
**CITRUS COUNTY INVESTMENTS, INC.**

Principal Place of Business Mailing Address  
**1446 Court Street Clearwater, Florida 33756**      **1446 Court Street Clearwater, FL 33756**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21	905 Delaware Street Suite, Apt. #, etc.	26	905 Delaware Street Suite, Apt. #, etc.			Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23	Safety Harbor, FL	28	Safety Harbor, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Zip 34695	29	Zip 34695	8. This corporation owes the current year Intangible Personal Property Tax.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
25	Country Pinellas	30	Country Pinellas				

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
George A. Routh, Esquire 1446 Court Street Clearwater, Florida 33756		81 Name <b>David Desaulniers</b>	
		82 Street Address (P.O. Box Number is Not Acceptable) <b>905 Delaware Street</b>	
		83	
		84 City <b>Safety Harbor, FL</b> 85 Zip Code <b>34695</b>	

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 *David Desaulniers* **David Desaulniers** August 27, 1999  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President and Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sarah L. Thompson	1.2 NAME	David Desaulniers
STREET ADDRESS	1446 Court Street	1.3 STREET ADDRESS	905 Delaware Street
CITY-ST-ZIP	Clearwater, FL 33756	1.4 CITY-ST-ZIP	Clearwater, FL 34695
TITLE	Vice President <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Elizabeth D. Houghton	2.2 NAME	
STREET ADDRESS	1446 Court Street	2.3 STREET ADDRESS	
CITY-ST-ZIP	Clearwater, FL 33756	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	700002987527--8
STREET ADDRESS		3.3 STREET ADDRESS	-09/15/99--01041--004
CITY-ST-ZIP		3.4 CITY-ST-ZIP	*****70.00 *****70.00
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (11/98)

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: *David Desaulniers* **David Desaulniers** 08/27/99 727/726-5386  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

*Sarah L. Thompson*

*Sarah L. Thompson, former officer & director*

8-27-99

727-461-4324

*David Desaulniers* 9/8/99