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Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90115 021 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000084971

1. Corporation Name
CITRUS HAVEN, INC.

Principal Place of Business
**211 WHISPER LAKE ROAD
PALM HARBOR FL 33685**

Mailing Address
**211 WHISPER LAKE ROAD
PALM HARBOR FL 33685**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/05/1998

4. FEI Number

☒ 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

P.O. Box 9498

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Winter Haven, FL

28

Zip Country

Zip Country

24

25

33883-9498

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

81 Name

Charles R. Chilton

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

99 Sixth Street, SW

83

84 City

Winter Haven,

FL

85 Zip Code
33880

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

Charles R. Chilton

February 26, 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 ☐ DELETE
NAME **PD**
STREET ADDRESS **BOUWER, WILLEM J**
CITY-ST-ZIP **211 WHISPER LAKE ROAD
PALM HARBOR FL 33685**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **STD**
STREET ADDRESS **BOUWER, WILLEM H**
CITY-ST-ZIP **211 WHISPER LAKE ROAD
PALM HARBOR FL 33685**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **BOUWER, JAN S**
CITY-ST-ZIP **211 WHISPER LAKE ROAD
PALM HARBOR FL 33685**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME ~~Assistant Secretary~~
STREET ADDRESS ~~CHILTON, CHARLES R.~~
CITY-ST-ZIP ~~99 Sixth Street, SW
Winter Haven, FL 33880~~

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **ASST. S**
4.3 STREET ADDRESS **Assistant Secretary**
4.4 CITY-ST-ZIP **CHILTON, CHARLES R.
99 Sixth Street, SW
Winter Haven, FL 33880**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 26, 1999

(941) 299-6699

Date

Daytime Phone #

CR2E034 (11/98)