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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000100551

1. Corporation Name

THE LAN	DINGS OF CITRUS COUNT	Y, INC.			
Principal Place	e of Business	Mailing Address			
2915 S. LOCHVERNESS PT. 2915 S. LOCHVERNESS PT. INVERNESS FL 34450 INVERNESS FL 34450				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifed 11/24/1998	
2 Principal P	lace of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·	4. FEI Number Applied For	
21	lace of dualification	26		65-0883559 Not Applicable	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.		\$8.75 Additional	
22		27		5. Certificate of Status Desired Fee Required	
City & Stat	te	City & State		6. Election Campaign Financing Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country	This corporation owes the current year Intangible	
24	25	29 3	۔ اُو	Personal Property Tax. Yes No	
	9. Name and Address of Currer		<u>-, </u>	10. Name and Address of New Registered Agent	
			81 Na	ame	
GRAY, STEVEN L			82 Str	treet Address (P.O. Box Number is Not Acceptable)	
2915 S. LOCHVERNESS PT.			02 30	Heet Address (F.O. Dox Humbor is Not Acceptable)	
INVERNESS FL 34450			83		
			84 Cit	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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	Pres. Treasurer, Secretary & Change Addition	
NAME	GRAY, STEVEN L		1.2 NAME	Treating of the same of	
	2915 S. LOCHVERNESS PT.		1.3 STREET ADDR	DRESS LSAME	
	INVERNESS FL 34450		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE	Vice-President Change Addition	
NAME	Bourke, robert		2.2 NAME	V/	
STREET ADDRESS	106 FOX CHASE COURT		2.3 STREET ADDR	Vice-President MChange Addition	
CITY-ST-ZIP	DEBARY FL 32713		2. 4 CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	
TITLE		☐ DELETE	3.1 TITLE	Change Additio	
NAME			3.2 NAME	*	
STREET ADDRESS			3.3 STREET ADDR	PRESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	Change Additio	
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDR		
CITY-ST-ZIP		T ACCEPT	4.4 City-ST-ZIP	Change Addition	
TITLE		☐ DELETE	5.1 TITLE		
NAME			5.2 NAME	NDCCC	
STREET ADDRESS			5.3 STREET ADDR	IKESS	

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 of 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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

☐ Change

☐ Addition