

DOCUMENT # P99000089236
1. Entity Name
GREAT FLOORS!, - CITRUS, INC.

FILED
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90056 010 ***150.00

Principal Place of Business Mailing Address
6410 US HWY 19 S 6410 US HWY 19 S
HOMOSASSA SPRINGS FL 34447 HOMOSASSA SPRINGS FL 34447



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. P.O. Box 429
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
HOMOSASSA SPRINGS, FL
Zip Country Zip Country
34447 U.S.A.

4. FEI Number 65-0953307 Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MELKONIAN, D A
8229 PAGODA DR
SPRING HILL FL 34606

7. Name and Address of New Registered Agent
Name MELKONIAN, D.A.
Street Address (P.O. Box Number is Not Acceptable) 6410 US HWY 19 S.
City HOMOSASSA FL Zip Code 34446

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE [Signature] D.A. MELKONIAN PRES. 1/5/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS
TITLE P ☐ Delete
NAME MELKONIAN, D.A.
STREET ADDRESS 8229 PAGODA DR
CITY-ST-ZIP SPRING HILL FL 34606
TITLE V ☒ Delete
NAME HIDGE, CAROL A
STREET ADDRESS P O BOX 967
CITY-ST-ZIP HOMOSASSA SPRINGS FL 34447
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE P ☒ Change ☐ Addition
NAME MELKONIAN, D.A.
STREET ADDRESS 9346 SOUTHERN BELLE DR.
CITY-ST-ZIP BROOKSVILLE, FL 34613
TITLE ST ☐ Change ☒ Addition
NAME MELKONIAN, MICKI
STREET ADDRESS 9346 SOUTHERN BELLE DR.
CITY-ST-ZIP BROOKSVILLE, FL 34613
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] D.A. MELKONIAN PRES. 1/5/01 (352) 628-2294
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)