FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY -1 AM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S52791 (8)

1. Corporate Name
CITRUS HILLS CONSTRUCTION COMPANY

Principal Office Address
2450 N CITRUS HILLS BLVD
HERNANDO FL 32642

Mailing Address
2450 N CITRUS HILLS BLVD
HERNANDO FL 32642

(DO NOT WRITE IN THIS SPACE)

3. Date of Last Report: 05/15/1991
3a. Date of Last Report: 03/21/1994

2. This Report Is For Tax Year
21

2a. Street Address
26

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City, State
23

City, State
28

24 25 29 30

4. FEI Number: 59-3060086 — 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 has had, or is adopting, an accounting year under S. 180.0505, Florida Statutes. [ ] Yes [✓] No

9. Name and Address of Current Registered Agent

ABEL, ERIC D., ESQ.
2450 NORTH CITRUS HILLS BLVD
HERNANDO FL 34442

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City: FL B5 Zip Code

11. Pursuant to the provisions of Section 607.0505, or 607.1608, 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. The change was made by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the duties and responsibilities of registered agent, Florida Statutes.

SIGNATURE: [signature] 4/23/95

12. OFFICERS AND DIRECTORS

TITLE	DVP
NAME	TAMPOSI, STEPHEN
ADDRESS	2450 NORTH CITRUS HILLS
CITY, ST, ZIP	HERNANDO FL
TITLE	DP
NAME	SANDERS, CHARLES
ADDRESS	2450 NORTH CITRUS HILLS
CITY, ST, ZIP	HERNANDO FL
TITLE	DST
NAME	PASTOR, JOHN
ADDRESS	2450 NORTH CITRUS HILLS
CITY, ST, ZIP	HERNANDO FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

TITLE [ ] Change [ ] Addition
NAME
ADDRESS
CITY, ST, ZIP

TITLE [ ] Change [ ] Addition
NAME
ADDRESS
CITY, ST, ZIP

TITLE [ ] Change [ ] Addition
NAME
ADDRESS
CITY, ST, ZIP

TITLE [ ] Change [ ] Addition
NAME
ADDRESS
CITY, ST, ZIP

TITLE [ ] Change [ ] Addition
NAME
ADDRESS
CITY, ST, ZIP

TITLE [ ] Change [ ] Addition
NAME
ADDRESS
CITY, ST, ZIP

14. I hereby certify that the corporation has filed all applicable reports and paid all fees due and payable, for the preceding calendar year, as required by Section 607.0122, Florida Statutes. I further certify that the corporation has complied with all provisions of Florida Statutes, Chapter 607, and that I am an officer or director of the corporation named in this report or a person authorized by the corporation to execute the report as required by Chapter 607, Florida Statutes, and that the facts stated herein are true.

SIGNATURE: [signature] 4-27-95 904-746-6121
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR
Stephen A Tamposi

0392170 CP