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PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S52791** **(8)**

1. Corporation Name

CITRUS HILLS CONSTRUCTION COMPANY

Principal Place of Business	Mailing Address
2450 N CITRUS HILLS BLVD. HERNANDO FL 32642	2450 N CITRUS HILLS BLVD. HERNANDO FL 32642

3. Date Incorporated or Qualified: **05/15/1991**
3a. Date of Last Report: **05/01/1995**

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 liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 **34442** Country 25	Zip 29 **34442** Country 30

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0502 and 607.1505, 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 _____ DATE 2/1/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '96		
1 TITLE	DVP	☒ DELETE	1 TITLE	DVP	☐ Change ☒ Addition
NAME	TAMPOSI, STEPHEN		2 NAME	Tamposi, Samuel A.	
STREET ADDRESS	2450 NORTH CITRUS HILLS		3 STREET ADDRESS	20 Trafalgar Sq., Suite 602	
CITY-ST-ZIP	HERNANDO FL		4 CITY-ST-ZIP	Nashua, NH 03063	
TITLE	DP	☐ DELETE	2 TITLE		☐ Change ☐ Addition
NAME	SANDERS, CHARLES		2 NAME		
STREET ADDRESS	2450 NORTH CITRUS HILLS		3 STREET ADDRESS		
CITY-ST-ZIP	HERNANDO FL		4 CITY-ST-ZIP		
TITLE	DST	☐ DELETE	3 TITLE		☐ Change ☐ Addition
NAME	PASTOR, JOHN		3 NAME		
STREET ADDRESS	2450 NORTH CITRUS HILLS		3 STREET ADDRESS		
CITY-ST-ZIP	HERNANDO FL		4 CITY-ST-ZIP		
TITLE		☐ DELETE	4 TITLE		☐ Change ☐ Addition
NAME			4 NAME		
STREET ADDRESS			4 STREET ADDRESS		
CITY-ST-ZIP			4 CITY-ST-ZIP		
TITLE		☐ DELETE	5 TITLE		☐ Change ☐ Addition
NAME			5 NAME		
STREET ADDRESS			5 STREET ADDRESS		
CITY-ST-ZIP			5 CITY-ST-ZIP		
TITLE		☐ DELETE	6 TITLE		☐ Change ☐ Addition
NAME			6 NAME		
STREET ADDRESS			6 STREET ADDRESS		
CITY-ST-ZIP			6 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: _____ 2/1/96 352-746-3994
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JOHN E PASTOR

CR2E034 (12/95)