FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V45094 1. Corporation Name

CITRUS COUNTY ROCK, INC.

Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Zip Country Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 6. Election Campaign Financing Trust Fund Contribution Added to Fees 8. This corporation owes the current year Intangible	Principal Place	or Business .	Walling Address			l l		
2. Principal Place of Business Zai, Mailing Address 4. FEI Number Applied For So22/1992 Applied For So22/1992		-						•
2. Principal Place of Business 2a. Mailing Address 2a. Sute, Apt. #, etc. 2b. Qp. Apt. #, etc				_			SPACE	
2. Principal Place of Business 2.						· •		
Suite, Apt. #, etc. Suite, Ap		•						
Sulfe, Apt. #, etc. Sulfe, Apt. #, etc.	2. Principal Pl	ace of Business	2a. Mailing Address				<u> </u>	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27	21		26			59-3145591	Not	Applicable
City & State City & Country Zip Country Zip Country Zip Country City C		#, etc.	Suite, Apt. #, etc.			5 Cortificate of Status Desired		
City & State City & State 28	22	•	27			5. Certificate of Clarks Desired	Fee Red	quired
28		• •	City & State			6. Election Campaign Financing	\$5.00	May Be
25 28 30 Personal Property Tax. Yes No	23	[28]				Trust Fund Contribution	Added to	o Fees
3. Name and Address of Current Registered Agent JOHNSON, RONALD C 122 E. TILLMAN LAKE WALES FL 33853 13	Zip	Country	Zip	Country		8. This corporation owes the current year Into		_
JOHNSON, RONALD C	24	25	29 30					□No
JOHNSON, RONALD C 122 E TILLMAN LAKE WALES FL 33853 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 67 Code 67 City FL 85 Zip Code 67 City FL 85 Zip Code 67 Code or registered agent, or both, in the State of Florida, Such change was authorized by the corporation is board of directors. I hereby accept the appointment as 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 and agent and set if applicate. NOTE Registered Agent agent and agent and set if applicate. NOTE Registered Agent age		9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Registered	Agent	
122 E TILLMAN LAKE WALES FL 33853 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City	inul	MECHI DONALD C		81	Name			
LAKE WALES FL 33853 83			•	82	Street A	Address (P.O. Box Number is Not Acceptable)		
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The Pursuant to the provisions of Sections 607.0502 and 807.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, 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, 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, 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, or both agent agent and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, or both agent agent agent agent to the provision agent			•	84	City	FI	85 Zip C	ode
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's band of infections. Thereby december an elephonic and septimized agent and use if applicable (NOTE Registered Agent algusaus required when reinizations) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE PD	•				-	· · · · · · · · · · · · · · · · · · ·		
TITLE	SIGNATURE	•	·	•		quiled when removarily)		
	12.	OFFICERS A	AND DIRECTORS	13.				
122 E TILLMAN	TITLE	PD	☐ DELETE	1.1 TITLE	1	VPD	K Change	☐ Addition {
TITLE VD	NAME .	Jahna, E.R. III		1.2 NAME		JAHNA, E.R. III		į
TITLE	STREET ADDRESS	122 E TILLMAN		1.3 STREE	TADORESS	122 E. TILLMAN		
NAME JAHNA, JAMES A 122 E TILLMAN AVE LAKE WALES FL TITLE SD NAME JOHNSON, RONALD C 122 E TILLMAN AVE LAKE WALES FL TITLE SD NAME JOHNSON, RONALD C 122 E TILLMAN AVE LAKE WALES FL TITLE STD JOHNSON, RONALD C 122 E TILLMAN AVE LAKE WALES FL TITLE STD JOHNSON, RONALD C 122 E TILLMAN AVE LAKE WALES FL TITLE STD JOHNSON, RONALD C 122 E TILLMAN AVE LAKE WALES FL TITLE STD JOHNSON, RONALD C 122 E TILLMAN AVE LAKE WALES FL TITLE STD JOHNSON, RONALD C 122 E TILLMAN AVE LAKE WALES FL Change Addition KEESLER, ALLEN 122 E TILLMAN AVE LAKE WALES FL CHY-ST-ZIP TITLE STD JOHNSON, RONALD C 122 E TILLMAN AVE LAKE WALES FL CHY-ST-ZIP LAKE WALES FL CHY-ST-ZIP LAKE WALES FL CHANGE STREET ADDRESS ACITY-ST-ZIP TITLE STREET ADDRESS STD STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STD STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STD STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STD STREET ADDRESS STREET	CITY-ST-ZIP	LAKE WALES FL		1.4 CITY-S	T-ZIP	LAKE WALES, FL 33853		
122 E TILLMAN AVE	TITLE	VD	☐ DELETE	2.1 TITLE		D	Change	☐ Addition
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LAKE WALES FL	STREET ADDRESS	122 E TILLMAN AVE		2.3 STREE	T ADDRESS			ĺ
TITLE SD	ŀ			2. 4 CITY-5	ST-ZIP			
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CITY-ST-ZIP				3.3 STREE	TADDRESS	_		
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54 CITY-ST-ZIP				5.3 STREE	TADDRESS	·		
TITLE DELETE 6.1 TITLE Change Addition		*						
CONTRACTOR		-	[] DELETE		-		☐ Change	[] Addition
			<u></u>	6.2 NAME			·	

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

941-676-9431

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90079 024 ***150.00