

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 27, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # V45094**1. Entity Name  
CITRUS COUNTY ROCK, INC.

## Principal Place of Business

PO DRAWER 840

LAKE WALES  
33859

FL

## Mailing Address

PO DRAWER 840

LAKE WALES  
33859

FL

## 2. Principal Place of Business

PO DRAWER 840

## 3. Mailing Address

PO DRAWER 840

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

## City &amp; State

LAKE WALES

FL

## City &amp; State

LAKE WALES

FL

## 4. FEI Number

59-3145591

Applied For

Not Applicable

Zip  
33859Country  
USZip  
33859Country  
US

## 5. Certificate of Status Desired

☐**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

JOHNSON, RONALD C  
122 E TILLMANLAKE WALES  
33853

US

FL

## 7. Name and Address of New Registered Agent

## Name

JOHNSON RONALD C

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

202 E STUART AVE

## City

LAKE WALES

FL

Zip Code  
33853

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 **RONALD C JOHNSON****04/27/2001**

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	PD	<input type="checkbox"/> Delete
NAME	KEELER ALLEN	
STREET ADDRESS	122 E. TILLMAN AVE.	
CITY-ST-ZIP	LAKE WALES FL 33853	

TITLE	STD	<input type="checkbox"/> Delete
NAME	JOHNSON RONALD C	
STREET ADDRESS	122 E TILLMAN AVE	
CITY-ST-ZIP	LAKE WALES FL 33853	

TITLE	D	<input type="checkbox"/> Delete
NAME	JAHNA JAMES A	
STREET ADDRESS	122 E TILLMAN AVE	
CITY-ST-ZIP	LAKE WALES FL 33853	

TITLE	VPD	<input type="checkbox"/> Delete
NAME	JAHNA E.R. III	
STREET ADDRESS	122 E TILLMAN	
CITY-ST-ZIP	LAKE WALES FL 33853	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KEESLER ALLEN JJR		
STREET ADDRESS	122 E. TILLMAN AVE.		
CITY-ST-ZIP	LAKE WALES FL 33853		

TITLE	STD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JOHNSON RONALD C		
STREET ADDRESS	202 E STUART AVE		
CITY-ST-ZIP	LAKE WALES FL 33853		

TITLE	VD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JAHNA JAMES A		
STREET ADDRESS	202 E STUART AVE		
CITY-ST-ZIP	LAKE WALES FL 33853		

TITLE	VPD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JAHNA EMIL RIII		
STREET ADDRESS	202 E STUART AVE		
CITY-ST-ZIP	LAKE WALES FL 33853		

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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: **RONALD C JOHNSON**

STD

04/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)