

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **372432** (5)

1. Corporation Name
CENTER BROS., INC. OF FLORIDA



Principal Place of Business 4020 UNIVERSITY BLVD W JACKSONVILLE FL 32217	Mailing Address 4020 UNIVERSITY BLVD W JACKSONVILLE FL 32217
--	--

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

3. Date Incorporated or Qualified 11/09/1970	3a. Date of Last Report 04/28/1995
4. FET Number 58-1048227	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**TUTEN, HENRY W, JR
9721 SUMMER PL #610
PONTE VEDRA FL 32082**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when necessary)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	CENTER, LEO E	
STREET ADDRESS	205 EARLY ST.	
CITY-STATE-ZIP	SAVANNAH GA	
TITLE	P	<input type="checkbox"/> DELETE
NAME	MAY, CHARLES S	
STREET ADDRESS	30 HOPSON ROAD	
CITY-STATE-ZIP	JACKSONVILLE BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TUTEN, HENRY W. JR.	
STREET ADDRESS	9721 SUMMER PL #610	
CITY-STATE-ZIP	PONTE VEDRA BCH. FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CLEMENTS, GREGORY K.	
STREET ADDRESS	207 SUNDERLAND DR.	
CITY-STATE-ZIP	SAVANNAH GA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-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)(k), 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:

Gregory K. Clements
SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GREGORY K. CLEMENTS

3/25/96
DATE

912-232-6491
ELECTRONIC PHONE #

CR2E034 (12/95)