

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

FILED

**May 09 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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	2a. Mailing Address	3. Date Incorporated or Qualified 11/09/1970	3a. Date of Last Report 04/02/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 58-1048227	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
TUTEN, HENRY W, JR 9721 SUMMER PL #810 PONTE VEDRA FL 32082		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 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CENTER, LEO E	1.2 NAME	
STREET ADDRESS	205 EARLY ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	SAVANNAH GA	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAY, CHARLES S	2.2 NAME	
STREET ADDRESS	30 HOPSON ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE BCH FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUTEN, HENRY W. JR.	3.2 NAME	
STREET ADDRESS	9721 SUMMER PL #810	3.3 STREET ADDRESS	8149 BAHIA BLANCA ST
CITY-ST-ZIP	PONTE VEDRA BCH. FL	3.4 CITY-ST-ZIP	JACKSONVILLE FL 32256
TITLE	S <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLEMENTS, GREGORY K.	4.2 NAME	CONNER, DARYL L.
STREET ADDRESS	207 SUNDERLAND DR.	4.3 STREET ADDRESS	26 - 6 OLD SOUTH COURT
CITY-ST-ZIP	SAVANNAH GA	4.4 CITY-ST-ZIP	BLUPPTON, SC 29910
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *[Signature]* **REMOVED 2. CONNER** Date: **4/29/97**
Signature and typed or printed name of signing officer or director

CR2E034 (9/96)