

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 836451 (5)

1. Corporation Name

CENTURY INDUSTRIAL CONTRACTORS, INC.

Principal Place of Business

5100 SMITH FARM RD.
MATTHEWS NC 28105
US

Mailing Address

5100 SMITH FARM RD
MATTHEWS NC 28105
US



3. Date Incorporated or Qualified

06/01/1976

3a. Date of Last Report

01/24/1995

4. FLI Number

59-1654820

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

State, Apt. #, etc.

26

State, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 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 of Registered Agent (if different from above)

Signature of New Registered Agent (if different from above)

(Date)

12. OFFICERS AND DIRECTORS

NAME	P	☐ DELETE
NAME	ARMSTRONG, JAMES D.	
STREET ADDRESS	5100 SMITH FARM RD	
CITY, STATE, ZIP	MATTHEWS NC	
TITLE	V	☐ DELETE
NAME	WINTON, J F	
STREET ADDRESS	5100 SMITH FARM RD	
CITY, STATE, ZIP	MATTHEWS NC	
TITLE	T	☐ DELETE
NAME	KLUTZ, VICKI M.	
STREET ADDRESS	5100 SMITH FARM RD	
CITY, STATE, ZIP	MATTHEWS NC	
TITLE	S	☐ DELETE
NAME	WHITE, WANDA	
STREET ADDRESS	5100 SMITH FARM RD	
CITY, STATE, ZIP	MATTHEWS NC	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		
TITLE		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, STATE, ZIP	
2. TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, STATE, ZIP	
3. TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, STATE, ZIP	
4. TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, STATE, ZIP	
5. TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, STATE, ZIP	
6. TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, STATE, ZIP	

14. I, the undersigned, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/96

(704) 824-8050

CR2E034 (12/95)