

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

**APPROVED  
AND  
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95 MAR 30 PH 2: 37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # H 97203 (4)  
1. Corporation Name  
**Century Sales & Distributors, Inc.**

Principal Place of Business Mailing Address  
**715 N. Sherrill St. Tampa, FL 33609**      **715 N. Sherrill St. Tampa, FL 33609**

DO NOT WRITE IN THIS SPACE  
3. Date Incorporated or Qualified **01/31/86**      3a. Date of Last Report **02/11/94**

2. Principal Place of Business  
21 **1111 N. Westshore Blvd.**  
22 **512**  
City & State **Tampa, FL**  
Zip **33607**      Country **Hills.**

2a. Mailing Address  
26 **4920 Bay Way Place**  
27  
City & State **Tampa, FL**  
Zip **33629**      Country **Hills.**

4. FEI Number **59-2638867**      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

9. Name and Address of Current Registered Agent  
**Dominguez, Gilmore A.  
715 N. Sherrill St.  
Tampa, FL 33609**

10. Name and Address of New Registered Agent  
81 Name **Dominguez, Gilmore A.**  
82 Street Address (P.O. Box Number is Not Acceptable) **4920 Bay Way Place**  
83  
84 City **Tampa**      85 Zip Code **FL 33629**

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: **Gilmore A. Dominguez**      *Gilmore A. Dominguez*      **3-29-95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P/D</b>	NAME <b>Marriott, Thomas E.</b>	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>561 Rhine Ave.</b>	CITY- ST- ZIP <b>Tampa, FL 33606</b>	12 NAME	<b>900001444529</b>
		13 STREET ADDRESS	<b>-03/31/95--01013--020</b>
		14 CITY- ST- ZIP	<b>***200.00 ***200.00</b>
TITLE <b>S/D</b>	NAME <b>Dominguez, Gilmore A.</b>	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>4920 Bay Way Place</b>	CITY- ST- ZIP <b>Tampa, FL 33629</b>	22 NAME	
		23 STREET ADDRESS	
		24 CITY- ST- ZIP	
TITLE	NAME	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	NAME	32 NAME	
CITY- ST- ZIP	STREET ADDRESS	33 STREET ADDRESS	
		34 CITY- ST- ZIP	
TITLE	NAME	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	NAME	42 NAME	
CITY- ST- ZIP	STREET ADDRESS	43 STREET ADDRESS	
		44 CITY- ST- ZIP	
TITLE	NAME	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	NAME	52 NAME	
CITY- ST- ZIP	STREET ADDRESS	53 STREET ADDRESS	
		54 CITY- ST- ZIP	
TITLE	NAME	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	NAME	62 NAME	
CITY- ST- ZIP	STREET ADDRESS	63 STREET ADDRESS	
		64 CITY- ST- ZIP	

14. I 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)(b), 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. 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 this k-12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Gilmore A. Dominguez*      **Gilmore A. Dominguez**      **3-29-95**      **813 287-1165**